The Journal of
Pastoral Care

VOL. XII WINTER, 1958 No. 4

THE SEARCH FOR TRANQUILLITY

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The search for tranquillity is as old as philosophy itself. In the Buddhist religion, for example, the highest goal of perfection is Nirvana, the cessation of desire, of hate, and of mental confusion, possibly attainable in this life but coming to full fruition only at death. A not dissimilar aim was found among some of the Greek philosophers. Zeno the Stoic, for instance, advocated *apatheia,* a philosophic indifference, as the only reasonable attitude to a life in which the struggle for existence is so unfairly doomed to inevitable defeat. One of Zeno's contemporaries, Epicurus, the founder of the Epicurean School of Philosophy, advocated *ataraxia,* a state of tranquillity, equanimity, and respose of mind not far removed from Zeno's apathy.

Not only were philosophical attitudes advocated as refuges from the

* Address delivered at All Souls Church (Unitarian) Washington, D. C., June 8, 1958.

slings and arrows of outrageous fortune; various drugs as well were used to bring about a state of at least supposed tranquillity. Of these alcohol is undoubtedly the oldest, a drug which was familiar in the time of Noah and of Lot, and which, for better or worse, is still with us. The results of the attempts to achieve tranquillity by this means are all too familiar in the statistics of drunkenness. Opium came along later and in Shakespeare's day the mandrake or mandragora was recommended as a soporific. In our own time we are familiar with the barbiturates, which recently have been overshadowed by the so-called tranquilizing drugs. Some of the advocates of these new substances have revived Epicurus' old term and refer to them as "ataractics. The tranquilizers have proved invaluable in the care of patients in mental hospitals, and very useful in certain neurotic states. That they are in common use among the general public as well is to put it mildly. Although they have been readily available on doctor's prescription only since about 1955, the figures for the year 1957 indicate that the sales by the drug manufacturers, that is, at wholesale prices, have amounted to nearly $200,000,000. Certainly the "Road to Miltown" seems to be well traveled!

We need not confine ourselves entirely to the consideration of drugs, however. The sale of books with such titles as *Peace of Mind* and *Peace of Soul* have broken records, and the avidity with which the public reads the various syndicated religious and other "soothing syrups" indicates the need which many people feel for some sort of relief, real or artificial, from the anxieties and troubles of the world.

The tranquilizing drugs are said to allay anxiety, a word of which we have heard much since Freud began his writing. Freud, indeed, referred to anxiety as the crucial problem of emotional and behavioral disorders. Indeed, going even farther, Willoughby, a psychologist, states that "Anxiety is the most prominent mental characteristic of Occidental civilization."

Much has been written on anxiety, and time does not permit any extended discussion. Anxiety is basic to the neuroses and many psychoses, but we should bear in mind that it is universal, and that much of it is normal. Rollo May summarizes normal anxiety as not being disproportionate to the objective threat, not involving repression or other mechanisms of internal conflict, and not requiring neurotic defense mechanisms for its management. Such anxiety can be met by constructive development and by increased employment of the person's own courage and powers. Horney, indeed, looks upon anxiety as a dynamic force which drives toward certain goals. Although anxiety has always been with us, there has been much speculation as to the meaning of the astounding upsurge of the use of anxiety-allaying drugs, this attempt to bring about ataraxia or even apatheia.

The existence of causes for fear and anxiety is inherent in human nature and in human society. Externally we have many threats in this

atomic and interplanetary age, threats of possible wholesale destruction. Internally we have various economic uncertainties and the widespread demand for conformity, this latter being a potent source of anxiety. Fortunately the worst of the "witchhunting" seems to have settled down, but there are still threats to free speech and to non-conformity which are disturbing; some of the objectionable features of the Government's security program, for example, still remain. Juvenile delinquency attracts much attention and this, together with numerous other uncertainties, seems to be some explanation for the prevalent anxiety and its "remedies."

We cannot fail to note that a substantial number of persons succumb to the stresses of modern living. Our mental institutions are still crowded, and a substantial number of persons seek psychiatric attention for various neuroses in doctors' offices and in clinics. More persons are living to the more vulnerable age and this, too, is a factor in the apparently increasing number of failures of adjustment to the demands of living. It is not my intention, however, to invite your attention to the failures of adjustment of persons who may be termed neurotic or psychotic.

I would rather speak of that large segment of the population who may be considered reasonably mature emotionally, the people who are doing the day-to-day work of the world and who are trying to make it a better place to live in. As to them I venture the query, "Is there such a thing as too much tranquillity? Can we become too tranquil, too much devotees of ataraxia and of equanimity, seekers of (to quote Webster's Dictionary) 'calmness, untroubled by mental or emotional excitation, imperturbability'?" I offer an answer to this query, and that answer is in the affirmative. There *is* such a thing as too intense and too widespread tranquillity. Indeed, I wonder whether in the long run there is not more danger in a thoroughly tranquilized world than in a world in which the spur of anxiety exists!

Life itself is a constant process of adjustment. Samuel Butler, in his novel, *The Way of All Flesh,* summarized this truth in these words, "All our lives long we are engaged in the process of accommodating our changed and unchanged selves to changed and unchanged surroundings; living, in fact, is nothing else than this process of accommodation; when we fail in it a little we are stupid, when we fail flagrantly we are mad, when we suspend it temporarily we sleep, when we give up the attempt altogether we die . . . A life will be successful or not according as the power of accommodation is equal to or unequal to the strain of fusing and adjusting internal and external changes." Every individual is unique; no two persons are alike in all respects. The individual is a product of many factors, such as heredity, his constitution, his early experiences, his relations with his parents and schoolmates, his absorption from significant persons, as he is developing, of ideals of conduct and attitudes toward others. His physical health as well as his native intelligence and his emotional balance are all important. No two persons are subjected to exactly the same situations and these situations to which everyone is subject are constantly changing. Thus,

it is inevitable that there should be many different types of reaction to essentially similar situations. There is always conflict in anyone's life, there is always stress; a compromise must often be struck between desires and what the situation permits. How the problems of living are met depends on what we refer to collectively as maturity, on the concept of the individual and his relation to others and to the universe.

Much has been written on this concept of maturity. Dr. Harry Overstreet and his wife, Bonaro, have written several volumes on the topic which can be heartily commended to the reader. It is not a simple matter to set up what might be termed a decalogue, or the commandments of mature living. There are, however, a few points which may be mentioned briefly.

The mature person will use his skills effectively and with enthusiasm; he will work to do something worthwhile; he will cooperate with others and work in an organization. He will accept frustration and failure, using them as spurs, not defeats. He will stick to his job even if it is difficult, and will accept responsibility. He will confront anxiety-creating situations and move through them rather than evading them. He will be self-reliant, or as Crichton-Miller puts it, "He will have enough feeling to self-mastery to maintain an adequate independence of circumstance and environment." He will show a devotion to something beyond himself. Finally, he will be tolerant of his fellow man, and will accept the fact that there are reciprocal obligations and that he has duties as well as rights with relation to his fellow man.

Such are some of the desiderata of maturity. There are two of these criteria which I should like to emphasize in connection with our theme. One of these is self-reliance, that independence of circumstance and environment which Crichton-Miller mentions. As Emerson points out, one of the frequent corollaries, almost indeed an essential corollary of self-reliance, is non-conformity. In these days of the "Organization Man," when there is so much emphasis upon conformity, it is well to remember that the great advances of the world, whether in political theory, in economics, in invention and science, or in social welfare, have been made by the non-conformists of the world. One thinks, for example, of Socrates, of Jesus, St. Francis, Galileo, Servetus, Martin Luther, Joseph Priestley, Dorothea Lynde Dix, and that modern saint who happily is still with us, Albert Schweitzer. These are only a few of the great non-conformists of history. All had a high realization of their duty to others and to God, and the world is better for their having lived. They had principles; they dared to express those principles and to act upon them. They were far from tranquil souls; rather they were courageous fighters for what they thought was right.

The other phase of social maturity which I should like to consider briefly is that of duty and obligation to others, a social ethic. The recent contribu-

tions of anthropology and of sociology to psychiatry have emphasized the vital importance of human contact and of human interdependence. Indeed, we may almost say that the criterion of sanity is the ability to get along, not only with one's self but with others. In this connection I may note in passing that some interesting work has been done at the National Institute of Mental Health by Dr. John Lilly, demonstrating what devastating effects upon the human being's mental operations are brought about by a deprivation of contact with the environment and with other persons. This recognition of mutual interdependence was expressed many centuries before Jesus, in Israel by Amos and Isaiah, and in Persia by Zarathustra.

Dr. Albert Schweizer says, "These pronouncements mark the great turning point in the spiritual history of mankind . . . They rise one and all . . . to the perception that the ethical consists not in submission to traditional national customs but in the active devotion of individuals to their fellowmen or to aims which should produce an improvement of social conditions. In this great revolution begins the spiritual humanizing of mankind and with that the civilization which is capable of the highest development . . . However much it struggles against it, ethics arrives at the religion of Jesus. It must recognize that it can discern no other relationship to other beings as full of sense as the relationship of love."

Indeed, the Golden Rule is not only the highest expression of the ethical relation of man to man; from the point of view of psychiatry it agrees thoroughly with what we know of mental processes, and is indeed one of the soundest of formulas for mental health. "Nature compels us," says Schweitzer, "to recognize the fact of mutual dependence, each life necessarily helping the other lives which are linked to it. In the very fibers of our being we bear within ourselves the fact of the solidarity of life." And may we add as Christians and as Unitarians that we believe that in serving our fellow man, who is, like ourselves, a child of God, we are rendering the greatest possible service and reverence to God. It goes without saying that a realization of our duty to others and to God depends on our sensitivity to the needs of others. Here again an excess of tranquillity interferes with that recognition. Tranquillity can mean callousness to the needs of others; certainly *that* we do not wish.

Let us not then resort to tranquilizing pills, to alcohol, to philosophies of Nirvana. Life is a struggle and always will be if any accomplishment is to be expected, any improvement in the welfare of man. Anxiety may and should be used constructively, not temporarily obtunded by pills and potions. If we use it constructively for the welfare of others, we may say with Sir Thomas Browne, "Bless me in this life with but peace of my conscience, command of my affections, the love of Thyself and my dearest friends and I shall be happy enough to pity Caesar."

PERSONAL AND INTERPERSONAL CHANGES IN CLINICAL PASTORAL TRAINING

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In a recent article surveying ten years of clinical pastoral training at Saint Elizabeths Hospital, Bruder and Barb (3) stated that two problems which need evaluation are the effects of training on the individual student and the group processes involved. Bruder (1) has suggested that the most important contribution of clinical pastoral training is the changes brought about in the student. Students have also reported (3) that self-awareness or understanding of interpersonal relations is the most significant outcome of this training. Aside from anecdotal accounts, however, one looks in vain for any experimental evidence to support these assertions.

Strunk has expressed the opinion (8) that clinical pastoral training is "ready for exposure" to objective evaluational studies. A relatively new technique has been developed which seems appropriate for investigating the questions raised by Bruder and Barb. This method, which is called the *Interpersonal Diagnosis of Personality* (7), enables one to analyze objectively not only individual personalities but also group dynamics.

In general, the purpose of this study was to explore the potentialities of this technique as a tool for evaluating clinical pastoral training. More specific aims were to determine, by means of a test-retest procedure, whether such training is accompanied by changes in personality and in attitudes toward others. A further purpose was to investigate the differences between overt and covert group processes.

Method

Subjects. The subjects of this pilot study were a chaplain supervisor and four ordained ministers who will hereafter be designated as A, B, C, D, and E.[1] The ministers were located at South Carolina State Hospital for a three months' period of clinical pastoral training. The subjects' ages ranged between 37 and 55. Their pastoral experience varied from 3 to 24 years, with an average of 13.

[1] The authors would like to thank the ministers who participated in this study for their cooperation.

Instrument. The Interpersonal System of Personality devised by Leary (6, 7) was employed in the present study. This system is an objective multilevel method of personal and interpersonal assessment. Four levels of behavior are currently studied: Level I, which refers to how a person acts with others (public interpersonal behavior); Level II, which involves private self-description and description of others; Level III, which is concerned with fantasy heroes and "others" and also taps underlying character structure; and Level V, which has to do with a subject's conscious ideal. A set of sixteen interpersonal variables is used to categorize behavior at all levels. These variables refer to motives such as aggressive-sadistic, managerial-autocratic, cooperative-overconventional, and self-effacing-masochistic which characterize human interaction. These variables are listed in a circular continuum. The circle is conceived as a two-dimensional grid, the center of which is the mean of the normative population. The distance and direction of the subjects summary score from the center thus reflects the intensity and particular kind of interpersonal behavior. To communicate more effectively with the reader, the algebraically derived summary points obtained in this investigation will be described by the check list items occupying the particular area of the circle into which the summary scores fall.

The instruments most frequently used for measuring the four levels of behavior are the Minnesota Multiphasic Personality Inventory (MMPI), Interpersonal Check List (ICL), and Thematic Apperception Test (TAT). As this study deals only with Levels I, II, and III-MM, the TAT was not employed. The MMPI, which measures Level I, is a standard psychological test (4), the scores of which are converted into interpersonal categories. Level III-MM is derived from two MMPI scales, namely Psychopathic Deviancy (Pd) and Masculinity-Femininity (Mf), which are considered to be characterological rather than symptom scales. The ICL, which measures Level II, was specifically designed (5) to fit the interpersonal system of variables. This test consists of 128 items (e.g., manages others, shy, appreciative, resentful, can be frank and honest), with eight items for each of the sixteen interpersonal variables. The subject is instructed to check those items which describe himself and, if he is a member of a group, each of the other members.

A technique has been developed to analyze ICLs in cases where the group is homogeneous or is not given to free and frank descriptions of its members. This is called the Idiosyncratic Method for the Measurement of Covert Group Dynamics (6). Briefly, this method involves an analysis of those check list items which a subject checks for just one or two members and not for the majority, or items which he checks for almost everyone and significantly omits for one or two fellow group members. In this manner, it is possible to build up a list of idiosyncratic items which defines the unique perception of each person by each other person. One can, of

course, sum these lists if one wishes to obtain the group's covert feeling concerning each of its members.

Procedure. The subjects were given the MMPI and ICL during the first week of the ministers' three-month training period at the hospital. With respect to the ICL, the subjects were told to rate themselves and each of the other members of the group. Any subject who said he didn't know the other trainees well enough to describe them was told to give his "first impression" of them. After these tests had been scored and analyzed, the results were discussed with the chaplain supervisor. The supervisor did not at this time pass on any of this information to the trainees.

The same tests were readministered during the final week of the subjects' training period. The chaplain supervisor was again advised of the results and this time used this information as material for discussion with the trainees.

Results

Four of the five subjects obtained Level I summary scores, on both test and retest, which would indicate that others perceive them as responsible, overgenerous individuals. The other subject's Level I score suggests that he impresses others as being managerial and autocratic. To be specific, the summary descriptions (for test and retest, respectively) for each subject were: A—makes a good impression, manages others; B—enjoys taking care of others, enjoys taking care of others; C—overprotective of others, enjoys taking care of others; D—encourages others, enjoys taking care of others; and E—encourages others, encourages others. It is interesting to note that B and E obtained identical summary descriptions on both testing occasions.

Four of the five subjects obtained Level III-MM scores which are consistent with their Level I scores, implying that their underlying character structure does not differ markedly from the facade they present to the world. The other subject's Level I and III-MM scores were quite inconsistent, which may indicate that his Level I behavior is primarily defensive. The summary descriptive terms of each subject at Level III-MM (test and retest in that order) are given as follows: A—lacks self-confidence, touchy and easily hurt; B—self-respecting, self-reliant and assertive; C—friendly, cooperative; D—considerate, considerate; and E—makes a good impression, self-respecting. Comparison of these data with those given for Level I above shows that A's underlying character is almost exactly opposite to his apparent strength.

The next data to be reported are the self-descriptions given by the subjects, using the adjective check list. For the most part, they perceived themselves as forceful, managerial persons. A described himself on both testing occasions as one who makes a good impression and is often admired and respected by others. B rated himself on test and retest as a good leader

who is forceful and likes responsibility. Both of C's self-descriptions were summarized by the following traits: independence, self-confidence, self-reliance, and assertiveness. D's first self-rating emphasized his big-hearted and unselfish qualities, whereas on retest he described himself as someone who makes a good impression. E rated himself as able to give orders and as someone who makes a good impression, respectively.

The results of the subjects' overt ratings of others are given in Table 1. Examination of the table shows that, at the time of initial testing, the majority of the group members rated their colleagues as responsible, kindly, generous individuals. These ratings are in close agreement with the Level I summary descriptions, which suggests that the trainees responded to the public interpersonal behavior projected by members of their group. The retest data, obtained after the subjects had worked together for almost three months, revealed a consistent trend for the trainees to describe each other as less friendly and more managerial by comparison with their first impressions. This is an interesting shift, especially as the Level I scores, except for A, were very similar on both testing occasions (which implies that the subjects' stimulus values were relatively stable).

With respect to individual ratings of others, the reader will note that the initial ratings of C by others differed from the descriptions of the other group members in that he was seen as more dominating and forceful. C's retest ratings of others were noteworthy in that he was the only person who attributed friendly (rather than managerial) qualities to his colleagues at that time. The single critical opinion expressed among *all* the ratings was A's second description of C.

The results of the analysis of covert interpersonal attitudes are summarized in Table 2. Inspection of the table reveals, in striking contrast to the other test data, many negative feelings among the group members. A, for example, appeared to be seen by his fellow group members as overprotective, competitive, managerial, and unfriendly. Descriptive terms such as dependent, distrustful, stubborn, not respected, cold and unfeeling were applied to the other subjects. Positive traits such as friendly, comforting, and unselfish also were used, but appear to be in the minority.

Definite shifts of covert feelings occurred over the three months' training period. A few examples will illustrate the point. B initially saw A as comforting; later, he described him as a pretentious, stubborn person who was not a good leader. C first perceived E as an egotistical, domineering individual, but on retest characterized him as someone who likes everyone and is often admired. D's negative first impression of C changed to a considerably more positive attitude. Careful study of the table indicates that there were about as many shifts in the positive as in the negative direction.

Other measures of group dynamics, such as each subject's conscious identification with the total group or any one of its members, each subject's

TABLE 1

SUMMARY OF INTERPERSONAL CHECK LIST RATINGS OF OTHERS

Rater	Ratee A	Ratee B	Ratee C	Ratee D	Ratee E
A		Enjoys taking care of others *Makes a good impression*	Makes a good impression *Indifferent, competitive, businesslike*	Enjoys taking care of others *Makes a good impression*	Enjoys taking care of others *Makes a good impression*
B	Makes a good impression *Good leader, forceful*		Good leader, forceful *Good leader, forceful*	Makes a good impression *Good leader, forceful*	Makes a good impression *Good leader, forceful*
C	Enjoys taking care of others *Makes a good impression*	Fond of everyone, friendly all the time *Friendly*		Fond of everyone, friendly all the time *Warm, sociable and neighborly*	Kind and reassuring *Kind and reassuring*
D	Too lenient with others, oversympathetic *Makes a good impression*	Enjoys taking care of others *Makes a good impression*	Makes a good impression *Good leader, forceful*		Enjoys taking care of others *Makes a good impression*
E	Enjoys taking care of others *Makes a good impression*	Kind and reassuring *Well thought of*	Well thought of *Good leader, forceful*	Kind and reassuring *Makes a good impression*	

Note.—Test ratings are given in regular type, retest data in italics.

TABLE 2

SUMMARY OF THE IDIOSYNCRATIC ANALYSIS OF COVERT INTERPERSONAL ATTITUDES

	Ratee				
	A	B	C	D	E
A		Very friendly and generous *None*	Egotistical, indecisive *Hostile, self-centered, distrustful*	Big-hearted, tries to be too successful, distrustful *None*	Too lenient, not respected, distrustful *None*
B	Comforting *Overprotective, stubborn*		Managerial, hard to impress *Managerial, indecisive*	Dependent, resents being bossed *Big-hearted, unselfish*	None *None*
C	Unfriendly, egotistical, complaining *Managerial, overprotective, unkind*	Very dependent, shy, unfriendly *Dependent, timid, cold*		Makes poor impression *Dependent, not frank and honest*	Self-centered, domineering, lacks self-confidence *Likes every one, often admired*
D	Self-seeking, lacks self-confidence *Oversympathetic, very generous*	Self-effacing, not helpful *None*	Unfriendly, self-centered *Good leader, strict, critical*		Self-centered, distrustful, unfriendly *None*
E	Overprotective, selfish *Overprotective, critical*	Timid, unfriendly *Unable to give orders*	Business-like, not encouraging, stubborn *Self-centered, skeptical, indecisive*	Self-effacing, frequently disappointed *Dependent*	

e.—Test results are given in regular type, retest data in italics. The term "None" indicates no idiosyncratic items were ascribed to the individual by any of the group members.

misperception of the other subjects, and the misperception of a subject by each of the others, can be extracted from these data. These additional findings are not reported, as it is felt they are beyond the scope of this paper.

Discussion

The Minnesota Multiphasic Personality Inventory findings indicate that these individuals' personality structure, at the facade and characterological levels, tended to remain relatively constant during the three-month period of clinical pastoral training. Self-descriptions also remained unaltered, implying that no particular shifts in their temperament or behavior were noted by the participants. As these results are contrary to what appears to be general opinion (e.g., 1), some possible explanations are in order.

First, one can raise the question as to whether the tests used were sensitive enough to reflect subtle personality changes. This hypothesis may be tenable, but data given by Leary (6) indicate definite shifts in summary scores as a function of therapeutic intervention.[2] A second consideration is that changes may be set in motion by the training, but not become apparent until some time after the program has been completed. This is a research question which could be answered by testing these subjects, say, six months or a year after training. A third possibility is that the amount of change in students may be a function of the personality of or role played by the chaplain supervisor. Experimentation involving a comparison of different training centers could resolve that question. Fourthly, may not the emphasis on personality restructuring reported in the literature be related to supervisors' *expectation* of change and students' realizations of such expectations? In other words, one's hopes and wishes may distort one's perception of what actually occurs. Finally, it may be that using mature subjects with extensive ministerial experience stacks the cards against personality change over a short period of time. However, data we have collected on ministerial students with no pastoral experience showed comparable results (i.e., virtually no changes).

Although the personality descriptions at Levels I and II were essentially similar for each person, it is noteworthy that all of the subjects, except A, characterized themselves at Level II as more dominating and managerial than their Level I summary scores would lead one to believe they are perceived by others. Thus, their stimulus values were largely "tender, bighearted, and unselfish," whereas their self-ratings emphasized making a good impression and being admired and respected. This discrepancy raises the question as to whether ministers value leadership qualities more highly than they do "tender, loving care."

[2] Men who obtained Level I summary scores emphasizing their managerial or responsible qualities, however, were found to be less likely to show change than those whose scores indicated they were primarily docile, self-effacing, or distrustful.

The overt ratings of others were almost uniformly positive and highly favorable. However, many of the raters did not discriminate among the group members. An outstanding example was B's retest ratings in which he described each of the other four group members as liking responsibility, being a good leader, and forceful. It is highly doubtful that such a description would be equally apt for *all* members of any group. These other-ratings may represent the subject's impression of what ministers should be, rather than his actual feelings about his colleagues.

This hypothesis that the Level II ratings of others may, at least partially, represent stereotypes receives indirect support from the data obtained by means of the analysis of covert attitudes. Whereas the overt interaction patterns stressed strength and generosity without much regard for individual differences, Table 2 shows that the covert analysis disclosed: (*a*) both positive and negative traits attributed to others, (*b*) fairly fine discriminations among the group members, and (*c*) the reciprocal nature of the dyadic relationships. These points may be clarified by an example: the interaction between A and B. At the time of the first testing, A felt that B was friendly and generous and B believed that A was a comforting person. Later, B ascribed negative attributes to A and A's positive feelings for B disappeared. That these feelings were unique to this pair can be demonstrated by pointing to the fact that other group members felt that A was unfriendly, self-seeking, and overprotective and believed B was unfriendly, self-effacing, and timid.

In general, the covert data seemed to indicate that the group was still in the preliminary stages of development after three months of training. The rivalries, power struggles, and symbiotic dyadic relationships so frequently found among individuals placed in a new situation were present, but for the most part unexpressed and definitely not worked through or resolved. This lack of mutual understanding and group cohesion probably interfered with the training process. The bland picture derived from the overt ratings of others also suggests that the interactions were superficial and guarded.

Bruder's contention (2) that the student should spend a year rather than three months in the training center deserves serious consideration; it appears likely that in the longer period of time the chances of resolving these interpersonal problems and thus enabling more satisfying trainee experiences would be much greater. Whether, in fact, this hypothesis is valid could be experimentally confirmed or denied by comparison of groups trained for these different lengths of time.

Although no objective data were obtained by the chaplain supervisor with respect to the discussion with individual members of the training group of the overt and covert attitudes revealed by this analysis, some comment concerning their reactions might be of interest. Two general opinions were expressed: (*a*) the information helped give a better under-

standing of their own and colleagues' personalities and (*b*) the findings, especially for the covert attitudes, brought out into the open feelings which they had been unable to express. It is not known just how much impact these data actually had on the trainees. Their remarks may represent what they thought they *ought* to say or they may reflect new learning with implications for further personality development. The advisability of sharing such test-information probably depends upon the individual trainee's capacity for change and his tolerance for anxiety-provoking stimulation.

Summary

The purpose of this preliminary investigation was to evaluate the personalities and interpersonal relations of ministers participating in short-term clinical pastoral training and to determine the effects, if any, of such a program on individual and group processes. A relatively new technique, Leary's Interpersonal System of Personality, was used to assess the results of a battery of tests. A chaplain supervisor and four ministers composed the experimental group which was tested early and late in training.

The Minnesota Multiphasic Personality Inventory data suggested that personality changes of either the superficial or more basic sort were minimal. The subjects' self-ratings also tended to remain relatively constant. As these findings do not support the general expectation of change, some possible reasons to account for these "negative" results were given.

Comparison of the Level I and Level II ratings indicated that these ministers tended to describe themselves as more managerial and dominating than their MMPI scores would indicate that others perceive them. This discrepancy implies that leadership traits may be valued more highly than warmth and friendliness.

The overt ratings of others emphasized psychological strength and emotional warmth. The initial ratings attributed primarily responsible, generous traits to the group members, whereas the retest descriptions almost uniformly emphasized leadership qualities. Whether this shift reflected a change in perception on the part of the raters or an actual alteration of role among the members of the group is not clear. Another aspect of these ratings was the lack of discrimination with respect to the ratings of different individuals. This finding suggests the possibility that the ratings represent stereotyped conceptions of how ministers should be, rather than how they are actually seen.

The analysis of covert interpersonal attitudes revealed more discriminating and less bland intragroup feelings. In marked contrast to the overt interaction patterns, psychological weakness, coldness and hostility were frequently ascribed to the group members. No overall rating shifts between testing periods occurred, as with the overt data, but definite changes in attitude between pairs took place. It is a matter of conjecture

as to how much the "hidden agenda" of personality conflicts disrupted the training process.

The Leary system appears to hold promise as a means of evaluating clinical pastoral training. Several suggestions for further research were offered.

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FOUR RULES FOR INTERPERSONAL BEHAVIOR

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The history of psychology is also the history of philosophy and religion and only in recent years have the three ways parted in some respects. In some areas of psychology it would be difficult to show the continuity, so taken up are they presently with experimentation and newly invented terms. Though clinical psychology, the youngest specialty in psychology, also looks very different from the parent philosophy, there are to be noted some similarities. If a clinical psychologist wants to, he can talk in a common language and become involved in common problems with philosophers and religionists. He probably has less to say to the theologian and the philosopher who occupy themselves with metaphysical issues. But with the pastor the clinical psychologist can speak on questions of ethics, morals, and the good or healthy way of life. The point being made here is that the clinical psychologist has much in common with the practical pastor who must meet people daily and participate with them in their very immediate problems.

Perhaps the clinical psychologist shares with the pastor not the details of his discipline, but something we may call basically humanistic. It is a common thing to hear pastors talk of basic issues but perhaps less common to hear psychologists talk of such issues. There is a good reason for this since in the past a concern for so-called basic issues often left immediate problems uncared for. Even within religious circles, immediate practical problems were (and still are) often left to those who have little taste for high-level speculation but who are more moved by the plight of mankind around them. In their action these practical pastors have spelled out something which is, however, quite basic. While the mouse and the flea in Walt Kelly's comic strip "Pogo" argue as to who is man's best friend, both trying to displace the "noble dog," the practical pastor and clinical psychologist implicitly argue that man is man's best friend—in spite of much evidence that man is also his own worst enemy. And so man in all his many endeavors can be seen to be trying to help other men in

Paper, slightly revised, read at the Workshop in Pastoral Care, Mennonite Hospital, La Junta, Colorado, February 24-28, 1958. At time of writing author was Clinical Psychologist at VA Hospital, Fort Lyon, Colorado.

his own special way. The parent, politician, economist, teacher, pastor, scientist—all try to help man in their own way. Each particular institution and discipline feels it has something to offer and at various times in history each felt it was the most important.

As a representative of the field of psychology, I feel a little embarrassed, for, in spite of many efforts to understand human personality and to help people whose personalities are ill, none of us can claim outstanding success. We do have some success but we don't reach a lot of people and our success comes slowly. Besides all this, we have a lot of failures when we include those we cannot treat as well as those we do treat.

It has become commonplace, then, for the psychologist to throw the problem back at the layman. He does this in an off-hand way when he points out that the answer to mental health is prevention, and prevention begins in the home. He joins the pastor in emphasizing that the home is the cornerstone of society. While the psychologist may take defense in sharing the problem, I believe it is a legitimate defense. Mental health is everyone's problem and the psychologist may serve productively by helping laymen understand each other better and thus help society keep the problem of mental health in check. One way in which a psychologist can be of service is by offering an analysis of some of the ways people interact with each other. These ways are inherent in the nature of man, I believe, and at various times in history people have chosen to elevate one or another of these ways into a generalized moral principle.

Perhaps the most well known is the golden rule. Uttered by Christ, Confucius, and perhaps others unknown to me, it read in the positive sense "Do unto others as you would have them do unto you." In the negative sense (Confucius), it read "Do not unto others as you would not have them do unto you." Immanuel Kant suggested it as a single ultimate rule of ethics when he phrased it "Act as if the maxim of thy action were to become by thy will a universal law of nature."[1] The rule was to make one's judgments universal, to act in such a way as to invite others to act similarly. This now famous categorical imperative was stated in another way. It read "Treat humanity, whether in thine own person or in that of any other, in every case as an end withal, never as a means only."[2] Some philosophers have considered this maxim all right as long as it does not prohibit using others as means at least in part, since it is too difficult to treat others only as ends. But others have noted that the rule requires that one know what is best for himself and others or how both should be treated if an end value is to be achieved. Kant thought all men were basically rational and did not imagine a problem would result. He thought his rule applied to man's intention, and if one's intention were good, only

[1] *Metaphysics of Morals* (trans. Abbot, Kant's *Theory of Ethics*, 5th Ed.) in *History of Philosophy*: B. A. G. Fuller; Henry Holt, New York, 1938.
[2] *Ibid.*

good could result. If one made it his duty to be good to others, then good would in fact result. But after so many years, we can criticize his optimism and say that a universal good intention is not enough. One must make individual judgments based on experiential reason and not *a priori* or built-in rationality. In application, Kant's imperative is much like the golden rule. Both require that each person judge his own behavior and that of others from his own point of view and it is assumed that he knows what is best. The golden rule would not be very useful to society if people applying the rule were misled in knowing what is good. For example, as a therapist I might motivate a client to leave home because this is the way I solved a "similar" problem, but for this particular client it would be a gross error. While I might be correct in applying the rule part of the time, I might be wiser to refrain from this philosophy perhaps most of the time and permit a client to find his own solution to a problem.

The second alternative to communication with others has been implied. It is called the "phenomenological approach" to relations. In a therapy situation, the therapist does not extend his own values to the patient, but instead acts in a non-directive or client-centered manner.[3] The therapist assumes the philosophy that if he helps the client to understand his own motives by permitting him to talk freely, the client will then make his own decisions—which might be very different from what the therapist himself might advise. The client-centered or phenomenological approach, then, is an effort to understand the client from the client's frame of reference as opposed to the golden rule, which is an effort to reach the other person from one's own frame of reference. Of course one can interpret the golden rule and Kant's categorical imperative in a phenomenological way. One can say that he prefers that others treat him according to his own wishes whatever they may be, and he will accordingly treat others as they wish to be treated. Thus both rules are made into one. But then it could be argued that, because I prefer that people let me have my own way of thinking, it does not follow that others want to be treated in the same way. They may want to escape from the freedom[4] of their own wishes and have someone else direct them. Is it paradoxical that someone may have private wishes but insist on letting someone else direct him according to that other person's wishes? It is a paradox in a way, but it is not a logical paradox. It is very familiar psychological evidence that people often are ambivalent about their own desires. We, then, see that it is an oversimplification to employ either rule in any simple manner. Both the golden rule, the analogous categorical imperative, and the client-centered approach must be tempered with a realization that a person may have much difficulty deciding to be either autonomous or other-directed. The client-centered or phenomenological approach assumes that ultimately every person wants to be autonomous or self-directed. While most psychologists

[3] Carl R. Rogers: *Client-Centered Therapy;* Houghton Mifflin, New York, 1951.
[4] Erich Fromm: *Escape from Freedom;* Rinehart, New York, 1941.

feel that this assumption is probably correct, in many cases there is no clear conviction that a given person can attain this goal, and to hold this as a goal for any particular person may be setting him up for a fall. He may not be able to reach autonomy, and the therapist may leave him high and anxious with neither sufficient self-propulsion or sufficient guidance from others. A psychotherapist, then, is constantly appraising the potential in his client. It may be that for some things the therapist endorses the client's self-direction, but for other things he does not. Would such an end result be what the client really wants (client-centered) or would this end result be what the therapist helps the client become in light of the therapist's own wishes? My guess is that this end result would more likely be the result of a client-centered approach rather than a golden rule approach. While it could be argued the other way, my feeling is that one would have to let a client carry the ball most of the time for both the therapist and the client to come to any clear realization of how far along the path of autonomy he can go. I do not think the golden rule approach would permit the client to do this. The therapist employing the golden rule would more likely make an early decision on what is best for his client and would try to direct him to that end. Only coincidentally would such a decision be the same one that would result from a more lengthy client-centered approach. So we may say that, even when a client decides that part of his personality will permit other-direction, it is the client's decision to be directed, and any desire that the therapist may have to direct him, or have someone else direct him, is irrelevant.

So far it would seem that I am endorsing the phenomenological or client-centered point of view as opposed to the golden rule approach. There is a third departure which must also be considered, and that goes something like this: "I will treat you, the patient, as you would prefer to be treated if you were sufficiently realistic—or if you knew what was good for you." This goal may be part of your own present value system or it may not. I do not think there is a term for this attitude, but for the present purpose we may call it the "realistic" approach. We then treat our patient realistically and help him to identify with reality, get along with things he cannot change, change those things he can for the better, and know which is which[5] . . . or give him the judging ability to distinguish one from the other. The therapist in this case requires of himself that he be in close contact with reality and be a fit judge to know when the patient is unrealistic and when he is realistic. Such a therapist theoretically may not himself be able to approximate reality. We may help the patient to achieve a value system that he has not been able to achieve. His motto might be "Do unto my patient what I would do unto myself if I could." He may then seek out a therapist for himself. This is exactly what many

[5] Reinhold Niebuhr's famous prayer slightly altered . . . "Give me the serenity to accept what cannot be changed. Give me the courage to change what can be changed. The wisdom to know one from the other."

therapists do when they feel their own reality adjustment is impaired. If the therapist does not seek out therapy for himself, he may very likely communicate to his patient, the very thing a good therapist should not do. He may become authoritarian and may help the patient to accept unreal values on the assumption that these values are anchored in reality. It is clear, then, that reality is not easily defined, and a good therapist must do his utmost to know what reality is. At this point we all become indebted to the research psychologist and kindred scientists who study behavior and value orientation, for these people are setting the pace for objectivity and modesty in deciding what should be called real. The therapist who imposes a false reality onto a patient under the assumption that it is indeed reality may be practicing two kinds of personal interaction. He may be acting by the golden rule and by the rule of reality. He may be saying, "I am doing for the patient what I have done for myself—that is, found 'reality.' " But he need not employ the golden rule, for he may say I am providing the patient with a "reality" orientation even though I myself cannot live by these values. I point this out to maintain the distinction between formulas. While both may operate simultaneously, they also may operate separately.

At this point I feel I have led the reader a merry chase and I feel the need to recapitulate. I can best do this by inventing parallel rules to the one which is so familiar. I begin with the golden rule, then state the client-centered or phenomenological rule, the reality rule, and the authoritarian rule.

Golden Rule: Do unto others as you would have them do unto you.

Client-centered or Phenomenological Rule: Do unto others as they would have you do unto them.

Reality Rule: Do unto others (and yourself) as confirmed reality requires.

Authoritarian Rule: Do unto others as I say because I feel I know what is right (or real).

The last two rules are distinguishable only by virtue of how much of what a therapist calls reality is confirmed. This matter of confirmed reality is critical and requires that the therapist be a student of objective reality and not be swayed by his own unfounded biases. As stated above, the need to confirm what is real may require that a therapist enter into a therapy relationship as a client. We may be reminded of the joke that such an arrangement requires that each therapist be therapized and eventually we may get back to papa Freud. Who analyzed him? Well, we know Freud analyzed himself but we also know that a therapist in any day may act as his own therapist. It is a harder job this way, but then we may all note that knowing oneself by either method of other-help or self-help is a difficult task. We all agree that in such efforts it is better

to let someone else be the therapist, and, whenever outside therapeutic help is feasible or available, therapists do just this.

In some ways all the rules stated above may apply to human interaction. First a therapist must listen to his patient to find out where the patient is, what he feels, and so forth. Such a process is phenomenological or client-centered. All good therapists do this, I believe. Next the therapist may decide to halt the pattern of defeat in the patient and may redirect the patient back to reality. The patient's acceptance of the redirection may be a product of his feeling that the therapist is an authority figure and knows what is best. By identifying with the therapist he assumes the values as endorsed by the therapist. Reality that is offered the patient may first be accepted by subtle or indirect authoritarian "persuasion," not actual reality. Finally, we may say that the golden rule has been in operation since we can say that we have done for another what we would have another do for us—that is, we have led the patient back to reality even as we would be led ourselves. We see then that each rule has its rightful place in an interpersonal relationship. None is useful for all aspects of behavior, but each takes its place with respect to the total operation. There is room for all four rules correctly applied.

SOME THOUGHTS ABOUT BEAUTY AND MENTAL HEALTH

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It would be very hard to define what we mean by "beauty." Each individual has his own criteria for judging what is beautiful, but the eternal search for it is something that we all have in common.

For human strivings are of two kinds: those which are necessary to maintain life and those which give us pleasure, although the two may sometimes be combined. The proportion of each human being's efforts which is devoted to sustaining life, or to the quest for pleasure, will vary from person to person; but, if we were able to survey the activities of men in the same manner as we might study those of a hive of bees, we should probably be surprised at the amount of energy which they spend seeking pleasure or beauty. If we observed very closely, we should note something very significant: that the happiest people were those who sought beauty not for themselves alone, but to share it.

All of the arts—painting, dancing, sculpture, drama, music, poetry, literature, architecture, and other expressive human activities—surely have this simple underlying purpose: to convey what one human being feels as beautiful to another person or persons. It is this experience of sharing what is beautiful with another which gives to each of us who attains it a feeling of joy, or happiness, or love—whichever of these elusive words we may choose.

It may be that this is related to the fact that man is born helpless into the world. Though he gains strength with growth, he remains ever aware of his vulnerability to injury or to death. He finds some reassurance and satisfaction in his mastery of the world about him, demonstrated in his successful accomplishments; for the world is less dangerous to those who are strong. But work and strength are not enough. Like bees, pausing from the labor of constructing a hive to sip the nectar of a flower, all men, to a greater or lesser degree, interrupt their necessary work to seek what is called beauty. It is my belief that they do so in search of an-

Reprinted with permission—an editorial appearing in *News and Views,* Central State Griffin Memorial Hospital, Vol. 2, No. 10, October 1, 1957, p. 2.

other kind of reassurance, not against the world, but against the ever recurring feeling of helpless isolation with which men are born.

Man's weakness is his individuality—his loneliness. His strength lies in his group relationships, and is greatest when he finds within himself the capacity to share his own inner sense of beauty with others who have it too. For what makes life worth living and worth struggling to keep is this periodic experience of sharing the world's beauty with others—whether it be in our common perception of the beauty of nature or of the artistic expressions of people; or whether it be in the more direct relationship of closeness with another human being. Each such experience is like an interlude of peace, or rest, or relaxation, or ecstasy—a stepping out of isolation into a communion of happiness. One can lose one's deepest anxieties only in such a union of one's self with others.

Mental illness results when fear prevents the sharing of beauty or a participation in the happiness or love of other people. Mental illness is the damnation of loneliness; mental health is the acceptance of love.

Psychiatrists know that the crippling fears which make so many human beings live outside of the world of love are acquired in the early months and years of childhood, when our needs are greatest, our strengths are least, and our feelings most exposed. If our early efforts to love and be loved are repulsed by those upon whom we depend (either by the rejection of cold indifference or by forceful coercion into a mold of life that overlooks our individual needs), the inevitable result is fear and hate; for the reaction of a child to the frustration of his need for love is one of fear of, and hate for, the real or fantasied source of his frustration.

These violent emotions become etched into the personality, so that each subsequent chance to experience love with other human beings creates disrupting anxiety, and the result is a person who must live in isolation and loneliness of varying degrees, unable to share in the joy and happiness and love of other people.

To help in the healing of such wounds, we must understand their origin and their nature. We must know that the emotions causing the trouble possess the quality of a small child's feelings. We must be aware of the character of the emotions that are common to all children—those which, from the moral point of view, are dark and dirty, as well as those which, from the same point of view, are heroic and virtuous. For no child is a devil and none is an angel, but each child is a composite of both. We must then apply this knowledge with tolerance to understanding the feelings of our patients.

Our responsibility does not end here, however. We have a positive role to play as well. We must make it apparent to those who have to bear the anguish of intense anxiety that beauty, happiness, joy, and love are possibilities in the world; for to those who cannot love the struggle against

fear often seems unbearable except for the hope that it will not endure forever. A world that is clouded by despair does not look attractive or hopeful. And so, in addition to whatever understanding we may give to the mentally ill, it is important that we provide them with concrete evidence that life may be a joyous, gratifying experience, when fear is overcome.

We are inclined to forget that our patients compare themselves with us, in much the same manner as a little child may try to find security and strength by trying to be like those who seem to him to possess it. It behooves those of us, then, who seek to help the mentally ill to remember that our patients are more likely to be impressed by what we do than by what we say, and that, for better or for worse, we are examples to be followed by our patients. It is we who set the standards, and we who wittingly or unwittingly establish patterns in our patients. The discerning person may see many evidences in our patients of the strengths and weaknesses that we have modeled for them.

It may certainly be hoped, then, that we, the administrators, the staff, and the employees of a mental hospital, will exemplify in our activities here qualities of social living which demonstrate our awareness of the beautiful and our appreciation of the pleasure that comes from sharing beauty together with others. This is surely a quality of maturity and of parenthood desirable as a model for the growth of emotionally immature people toward happiness and security.

Beauty is in many things. It is not only physical attractiveness. Any job well done may be beautiful; justice is beautiful and injustice is not; strength may be admired more than weakness; organization is more beautiful than chaos. All qualities of human beings at their best will be respected and will at times be considered beautiful. Qualities of human beings at their worst will be ugly.

Whether beautiful or ugly, qualities ingrained in human character are often revealed in the environment. Slovenliness in one's character will be apparent in one's haphazard attention to one's work or in one's disregard for the effect of one's actions upon other people. People who ignore the right of other people to a beautiful world by expecting others to clean it up and thus show disrespect for the feelings of others reveal a significant part of their character in their needs. Those who by their attitude and behavior encourage and support everything that makes the world more attractive, both in themselves and in others, disclose their respect for the feelings and thereby their ability to share in the deepest emotions of other people. For love and respect are deeper than hate and disrespect in each of us.

Our mental hospital is poor. The evidence of years of neglect is all about us. We are like a poor family whose income permits few luxuries. We cannot employ interior decorators or buy expensive things. Such facts do not, however, mean that we should cease to seek for beauty wherever we can find it. Whether verbally expressed or not, it will be tacitly

understood by those who see what we are doing here that our individual and collective characters are expressed in our efforts.

These efforts are proceeding along many fronts. We are developing administrative policies to meet our needs; we are improving our financial controls and our budgeting; we are developing a greatly improved program of clinical care, in all its varied aspects; and we are improving the maintenance of our physical plant. We are even trying to improve the appearance of our hospital, by painting, by trying to grow grass where it hasn't grown before, by planting new trees, by organizing our parking facilities, by cleaning up our wards, and by adding a touch of the world's prettiness here and there. We are all involved in each of these efforts.

Such collective action implies the need for citizenship. Citizenship implies the bearing of some discomfort, the exercise of some self-discipline and restraint, and the sacrifice of some personal convenience, in order that our hospital community may be more beautiful in the fullest meaning of the word.

We are all trying to help the individual patients by offering them understanding. Each of us might well ask himself what kind of concrete example he is providing of being a good citizen in a community. Each of us might well look to the future and plan toward a more beautiful one in every possible way, without waiting until we strike it rich. Such a contribution from each of us toward making the hospital a finer community for our patients would say a lot about us.

PSYCHODRAMA: REHEARSAL FOR REALITY

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Note by the Editor of Inventory: The American Psychiatric Association defines psychodrama as "A technique of group psychotherapy in which individuals dramatize their emotional problems."

Sometime ago it was decided to try this new technique with patients at the Alcoholic Rehabilitation Center, on an experimental basis.

It should be emphasized that psychodrama is not intended to replace the conventional group psychotherapy sessions, which have been the principal treatment method at the Center since it was opened. Rather, it is merely an adjunct to group therapy, helpful to some patients in achieving a deeper insight into their personality problems.

On February 28, 1956, an uneasy group of patients and therapists sat in a tentative circle facing one another on the first day of our psychodrama therapy program. It was difficult to tell who felt the most at sea, the most uneasy about the outcome. I know that we as therapists felt that we were pioneers starting out across a large unexplored territory with only the vaguest kind of map to guide us. We would meet many unforeseen hazards along the way, but many strokes of great good fortune would also be our lot.

What was going on in the patients' minds can only be guessed, but I feel fairly sure that none of them knew what "all this psychodrama business is about anyway," what might be expected of them, and, most painful of all, what might be revealed of the secret fears and anxieties, the hurtful shyness and feeling of inadequacy which had held them in bondage for so long.

Now, sixty sessions later, we have come a long way together, all of us, in growing to understand the process of psychodramatic group therapy with alcoholic patients—the tremendous benefits that can arise from it and the equally tremendous anxieties which develop unspoken and paralyze a patient as he finds himself on the threshold of representing his true self before others, stripped of the social pretenses that we all put up, unable

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to whistle in the dark because everyone is listening for the real music beneath the false notes. Now, sixty sessions later, what was at one time a tentative hope that psychodrama might mean something at the Alcoholic Rehabilitation Center has grown into a staunch conviction that psychodrama can be a most realistic approach toward helping alcoholic men and women on the verge of re-entering society to cope with the complex and myriad problems which beset them.

Rehearsing Life

Few of us would care to jump into a new problem situation without learning as much as possible about what might be involved in it; few of us would dare to play a part upon a stage without adequate rehearsal. Psychodrama is a form of group therapy in which the realities of life are focused for a short time within the group, where the future can be brought into the present and dealt with in anticipation, and the past can be brought into the present as means of discovering one's own hidden motives.

Instead of employing the usual group therapy techniques of discussion, psychodrama involves the participation of the entire person. It takes the material out of the purely intellectual level into the level of ultimate emotional reality with which we all must deal. Typical situations, past, present, or future, are actually acted out upon the psychodramatic stage. The person or persons involved, as well as the silently participating audience, have an opportunity to discover levels of feeling within themselves and new capacities for dealing with complex situations without that old familiar crutch, alcohol. Although sobriety is the immediate goal of the alcoholic and of this treatment center, we all know that in order to maintain sobriety, the very problems which led a man to seek refuge in alcohol, to seek support for shattered self-confidence in the bottle, will bring pressure upon him again and again with increased anxiety and tension, unless he can find newer and more adequate ways of meeting these old situations. Psychodrama affords just such an opportunity, an opportunity to try out plans for the future without having to accept the consequences which might arise from a false start.

Another Chance

In psychodrama, the "writing" is never done with indelible ink, so that if the subject of a psychodramatic scene finds out that he has made a mistake and brought unfortunate consequences upon himself, he can keep trying until he chances upon the more effective solution to his problem. He is not alone in this venture, for not only does the therapeutic staff assist him in creating and evaluating the dramatic situations which arise, but also the other patients throw in their comments based upon a cross section of personal experience, some of which prove to be more valuable to

the patient who is working out his problems than any textbook suggestion could ever be.

Stage Is Set

Psychodrama at the Alcoholic Rehabilitation Center is carried out in the lounge in the female section, a room large enough to permit moving about and yet small enough so that we really feel like a group. In its ideal form, the psychodramatic stage is a circular one on three levels, and an intricate system of colored lights creates the illusion and the mood for the whole range of human emotion. At the ARC we have to be content with an open space in the middle for the stage and red overhead lights to indicate that a dramatic session is in progress. As the group gathers amid much joking and uneasy laughter, and settles down expectantly, no one knows just what this day will bring, what this session will evolve. Under the direction of Miss Roberta E. Lytle, Psychiatric Social Work Consultant for the NCARP, and with the assistance of Mrs. Nancy Webb, Social Worker, the Rev. Roy Barham, Chaplain, the attendants on duty, and myself, what was formerly a roomful of separate individuals becomes a group whose attention is more and more crystallized on a common theme.

The initial phase, called the "warm up," is important because of the constantly changing nature of our group, due to the fact that patients come and go at the end of their twenty-eight-day stay. We never have exactly the same group on any two consecutive weeks. And so we must learn to know one another all over again each time, to find out the area of our common feelings, of our common preoccupations and needs.

The evolution of psychodrama is truly a group process, spurred on and led by the director. It is the creation of all members of the group who contribute to the atmosphere even through silence or open resistance. Nervously, the various members of the group look around at one another expectantly, each hoping to find that someone else will seek a solution to his problem and that the dreaded spotlight will not fall upon him. Some try to be as inconspicuous as possible behind a post, while others try to hide their deep concern behind indifference and even ridicule. For an alcoholic is basically an exceedingly shy person although he seems friendly and outgoing; a person really lacking in self-confidence although at times he appears to be cocky. Beneath his sneer of "ah, this is kid stuff!" there lies the timidity present in us all to some degree, that reluctance to show ourselves to others as we really are, and particularly to see ourselves in full honesty as we really are: However, knowing that what we really most deeply dread is often what we most deeply need, we press on, searching for the problem which will mean the most to the group, sometimes suggesting typical situations which have occurred again and again and sometimes waiting until an individual suggests a problem out of his own life situation.

Employer Problems

One of the most frequent problems which we encounter and deal with is centered in the area of finding oneself a job and building back a place in the community upon return from Butner. Time and time again, groups have examined and re-examined the difficulties of approaching an employer and asking him for a job with the knowledge of a long record of lost jobs and hospitalizations due to alcohol behind them. Usually the situation is set up with two patients to play the role of the employer and the would-be employee. The applicant for the position enters the situation determined either to make a clean breast of his alcoholism or to try to cover up this fact in order to be more sure of obtaining the job. If, for example, the patient has decided that he will conceal his alcoholism, the scene is set up in the employer's office and he enters to make his application and neatly sidesteps the employer's questions about his previous occupations and reasons for leaving. At the suggestion of the director, a double will then come in for the employer, to be the employer's other self, as it were, to voice his unspoken doubts about the job applicant's story and his suspicions as to the man's honesty.

Spoken Uncertainties

Often a double will be sent in to help the would-be employee, to speak up the uncertainties of a pretender, the feeling that sooner or later he will be found out and it will go hard with him. However, the arguments in favor of concealing one's alcoholism being more convincing to the patient playing the role of the would-be employee, he often continues until the end of the interview in an attempt to impress and deceive the employer. By this time, the audience has become involved in the situation and comments from the sidelines are heard. Some are urging the man applying for the job to be honest about the whole thing for his own peace of mind; some are warning him that, if he does, he will never get the job; some urge the employer to speak up his silent suspicions; others urge the employer to give the poor guy a chance even if he is lying, and so on. In the analysis which follows, groups come to different conclusions as to the best course to follow, but they go away with an increased awareness of all the possibilities involved and the pros and cons of each course of behavior.

In just such a way do we meet other situations, presenting possible eventualities to the patient and allowing him to deal with them spontaneously, drawing upon his own personality resources for an answer to the problem, secure in the knowledge that this is, after all, only psychodrama and not ultimate reality. Often we find it of great benefit to have the patients change parts. To allow a man to change parts with the person playing his own wife not only gives us all a clear idea of what his wife is like, but lets him stand in his wife's shoes and see how it might

feel to be married to him. This is often an eye-opening experience for many patients who have become so wrapped up in their own problems that they cannot put themselves in other people's places and see how they feel.

Independence-Dependence

As we look back over the work we have done in psychodrama at the ARC, we find that there are many common problems shared by our patients, problems which, when solved by one in front of many, bring some degree of insight to even the most silent observer. For example, an alcoholic often lives under the shadow of a domineering person who tries to treat him like a child, to overprotect him "for his own good." Although in all of us there is some yearning for this dependency, there is often an equally strong yearning for independence, for growth and maturity. Finding these two urges incompatible in the same person, the alcoholic often tries to resolve this conflict through drinking. By means of psychodrama, however, we have found that effective techniques for dealing with domineering people can be developed. In the first place, by rehearsing a more self-assertive independent pattern of behavior in the relatively sheltered environment of the therapy group, the alcoholic can gain strength to stand on his own two feet when he gets into the actual situation. Then, too, as he hears an auxiliary play the role of this person who is attempting to rule his life really speaking the feelings which underlie such a desire, and particularly as he reverses roles with this person and tries to see through his or her eyes, there comes to him an understanding of the other person which is the most valuable possession for personal growth.

Case In Point

I remember the case of a woman very much domineered by her older sister who had had to take their mother's place and raise the younger children; she had done so with the air of being a martyred saint, and had taken out her anger and resentment on our patient. Always terrified of her sister, our patient was absolutely unable to talk back to her because all she could see in her was strength, power, and hostility. When I was asked to play the role of this sister and was asked to speak aloud to myself (soliloquize) my real feelings when my younger sister (our patient) was born, I found myself feeling, as this older sister, that I had been deprived of a great many of the childhood joys that the younger children had had because I had had to be an adult too early. I began talking about this, about my resentment and my feeling that I wished I still had somebody to take care of me, my feeling that I was not really that strong and should not be expected to be. Our patient was sitting beside me listening intently and I believe truly that this was the first time in her life it had ever occurred to her that her older sister, who seemed like a terrifying primitive force, could ever have a fear herself, an anxiety, a weakness.

In this way, then, we can approximate reality at least, can try to show ourselves and others in truth and not dressed up for a costume ball. Fortified by the feeling that this frightening older sister was only human after all, our patient was able to tell her upon discharge from the Center all of the pent-up hostility and fear which she had held within her for twenty years, secure in the fact that they were two human beings dealing with one another and no longer a child dealing with an all-powerful older woman. Sometimes, only when we bring our feelings out in the light of reality can we see that, while they may have been appropriate to our situations when we were children, they no longer apply to us as adults.

We are still growing. We like to think of psychodrama as a process ever changing, a creation not only of the therapists but of the patients. We hope with the passage of time to learn more about the anxieties which psychodrama raises and the best ways of dealing with them, and more fruitful and creative ways of giving the alcoholic who is returning to society the same warm feeling under his belt, the same sure sense of confidence, that he once got out of the bottle. For in a very real sense psychodrama does not give to an individual anything that is foreign to himself. It only helps him to discover within himself now resources never before dreamed of, new capacities for understanding of himself and others, new bravery and new warmth. He is helped to be aware where once his eyes were shut, to speak where once his tongue was stilled, to live where once he had only existed.

The Journal of
Pastoral Care

VOL. XII WINTER, 1958 No. 4

EDITORIALS

The Mental Hospital and the Mentally Ill Patient Today

In Our Lord's ministry to the mentally ill he had to go "outside the city," and the one to whom he ministered was found "in chains" and "in the tombs." The fear and anxiety which led to such treatment is clearly revealed when, after Jesus had helped the man and he "was clothed, sitting at the feet of Jesus, in his right mind," the crowd entreated Jesus to leave.

In Saint Luke's vivid account we see pictured clearly the age-long attitudes toward the mentally ill: They are to be feared and isolated from the rest of society. Since they are so "different" they are not only feared but misunderstood. And the vicious cycle continues: fear—anxiety—misunderstanding—isolation—stigma—estrangement. In our day the ancient fears still cripple us! But there are significant signs that the tide is turning, and we may well hope that this decade will recognize realistically that mental illness is our "Public Health Problem Number One" and plan effectively for constructive and durable change.

One of the most hopeful signs of such eventual change is the difference of attitude beginning to be expressed in some of our mental hospitals. No longer do many hospital superintendents feel that they must hide the shame and degradation often found within hospital walls. On the contrary, some have not hesitated to speak up for the values in which they believe; and they have opened the hospital doors to the concerned public so that we have been able to witness first-hand the conditions under which they labor. Another aspect of the change is the decrease in the number of "locked wards" in our modern mental hospitals. Increasingly a larger

number of patients are being given their freedom while still patients in the hospital.

Two articles in this issue of *The Journal* are reflective of such a change in attitude. The one by Dr. Winfred Overholser, an outstanding leader among psychiatrists the world over, points graphically to the concern some have over the prevalent trend to treat human beings with mechanical means. The one by Dr. Harry Hightower reflects an unabashed revelation of interest and concern about the values often so easily neglected when one gets caught up in the anxieties of the mentally ill. Such interested and concerned leadership from the heads of public hospitals augurs well for major and basic changes in attitude toward those who are mentally ill in our hospitals.

It would seem that the time is ripe for a rather thorough-going examination and re-evaluation of our current philosophy, attitudes, policies, and methods by which we come to relate to those who are mentally ill. Unless we are governed by the guiding principle offered by Dorothea Lynde Dix (when she petitioned Congress to establish Saint Elizabeths Hospital in Washington, D. C.) to "provide for the most humane care and enlightened curative treatment" of the mentally ill, we shall be found derelict in our responsibilities. And in order to make meaningful for the patient the intent of "enlightened curative treatment" it becomes imperative that all prevailing mental hospital purposes and practices be examined in the light of current and up-to-date understandings about mental illness.

In any such re-evaluation perhaps the most significant resources, only casually and sporadically being tapped in a few mental hospitals, are the interpersonal assets among patients and employees alike. If mental illness is in large measure a lack of self-esteem, or serious reflection upon the self-esteem of the patient, then anything that enables the patient to feel more like a person ought to contribute to his getting well. In some measure the same would hold true for the employee (and we are reminded that in the Saint Luke account not only is the patient stigmatized, but so also is the one involved in the healing). Anything that can be done which is genuinely reflective and appreciative of the concerns the employee has as a person, especially in connection with the anxieties aroused in him as he works with the mentally ill, would not only enhance the employee's self-esteem, but would be reflected in the "humane care" he will offer the patient.

In a sense, with such a beginning, it is only a short step then to effect a program of "enlightened curative treatment." Where one comes to feel that one matters, and that what one does and is, is regarded as a significant contribution to one's fellows, a genuineness of relationship results which has therapeutic concomitants. Then therapeutic programs will no longer be predicated on the ancient and debilitating principle of doing *for* the patient but will make healing a joint enterprise in which the patient can contribute as much as, if not more than, the worker toward his getting

well. Then surely we will be working *with* each other in a very challenging, though anxiety-provoking, area of human interrelatedness.

There are perhaps two outstanding characteristics which seem almost constantly to be associated with those who are mentally ill. In the first place, they seem to have had so little opportunity to have been *listened to*—to have had so few meaningful occasions with others when their conversation was *heard*. Surely one's dignity suffers most when the basic needs we have as persons cannot be heard by those to whom we are inextricably bound in the bundle of life!

The second characteristic is closely associated: life and people in it have by and large treated our patients *manipulatively!* It almost seems, when one gets to know some of these patients rather intimately, as though they had known only what it was like to be treated as things rather than as persons. Even religion has largely been used with them as a means of control. One mother of a hospital patient put it quite crudely: "I want the chaplain to visit my daughter and get her to go to church: I know it won't do her any good, but it will make me feel better." This was said ten years ago. The patient is still in the hospital, but has retreated even further from life's demands.

It is in such an atmosphere and to such an atmosphere that a student in clinical pastoral training can both gain and contribute a very great deal. The student himself often comes to the hospital with noticeable impairment of his self-esteem and personal security. This is reflected in his marked apprehension about taking any initiative and his feeling that he has literally nothing to contribute in the area of interpersonal phenomena, and that all the "answers" are both to be found "outside himself" and will be "given" to him.

When the student arrives in the hospital setting he soon learns that he has a real contribution to make. This contribution is his *ministry of learning*. It is seen most clearly when he comes to feel free in the learning experience to share with patients some of the warm friendliness and concern which brought him into the ministry as well as his lack of knowledge but eager curiosity to understand something of this strange and different phase of human living. Then the most singular gift he has to offer can be made available to others—the gift of himself, rooted and grounded in the Being of God! Such a gift is a priceless boon to the mentally ill who have long learned to distrust what has been offered and done for them. Such an offering can be appreciated because its ministry comes out of the same basic needs: deep crying unto deep, personhood speaking to personhood. In their sharing such common experiences, they can find the way to the source of all being and newness of life.

Let us hope that the day is dawning when the walls of suspicion about the mental hospital will be torn down. That we have hospital superintendents willing to share with us their concerns; "Open House" of Mental

Health Week and an ever increasing number of "open wards"; the trained chaplains' contribution and clinical pastoral training programs coming to be seen as an outstanding contribution and means of strengthening the patient's sense of self-esteem; the recognition that we all have "difficulties in living," and that in the last analysis the mentally ill patient is very much like us only more so—all speak well for the future.

The Journal of Pastoral Care stands ever ready to aid in the interdisciplinary sharing of these concerns, and will work for the more effective attainment of the reconciliation needed so badly in this stigmatized area of our common humanity.

E. E. B.

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Birth Control: A New Dimension

In the annual report of the United Nations Economic Commission for Asia and the Far East (ECAFE), released last spring in Kuala Lampur, Malaya, emphasis was laid on "the challenge to rational social behavior posed by the increasing population."

At Buck Hill Falls last April the U. S. Conference of the World Council of Churches unanimously passed a resolution endorsing an urgent report by Richard Fagley on the need for "responsible control of population growth."

The Lambeth Conference of Anglican bishops last summer adopted a report of a study group convened at the request of the Archbishop of Canterbury in which two things, among others, were spelled out in some detail; one was that "the more we understand our procreative powers, the more responsible we are for the way in which we use them," and the other was that "if our conscience will not tolerate, when we know how to prevent it, a torrent of infant deaths, no more should we, with the knowledge we have, encourage an ungoverned spate of unwanted births." No particular method of birth control, whether by contraception or some other way, was prescribed, but birth control itself was urgently commended.

As the Lambeth report showed, there is in fact an "ungoverned spate of unwanted births." The earth's population will likely double in forty years, total nine billion within a century. Cold figures tell the story. After fifty centuries mankind reached a billion people in 1830, but in the next century (by 1930) it doubled itself to two billion. In the following twenty-five years another half-billion were added. The decade ending in 1965 will add still another half-billion. Another *whole* billion will be added in only fifteen years' time, by 1980! Like interest, population is compound.

In America the increase is vastly faster than the world's. Our domestic population from 1830 to 1930 increased by a multiple of 12 when the

world's was only doubling! We have already reached 175,000,000; it took only seventeen years to climb from 125,000,000 to 150,000,000 but a mere eight and one-half years to get from 150,000,000 to 175,000,000! In another eight years we shall have 200,000,000 in the United States. While commercial interests may be delighted to see 4,000,000 new babies a year in the United States, for their market's sake, does this represent the wisest and most disinterested way of looking at the matter?

All of this follows inevitably from two factors: human fertility uncontrolled, and effective medicine—preventive and therapeutic. Here is at least one *ominous* result of medical care, immunization, insecticides, and antibiotics! In America there is a birth every seven and one-half seconds, but deaths come only at the rate of one every twenty seconds. A special report (June 29, 1958) from the United Nations Bureau of Social Affairs warns us that if we reproduce as fast in the next 600 years as in the last 600 (we are doing so *faster,* actually) there will be only one square meter, 10.74 square feet, of *lebensraum* per person in 2558 A.D. That includes the North and South Poles, deserts, jungles, glaciers—every place. Scientists don't make jokes.

Pope Pius XII (*requiescat in pace*) used to say he liked lots of "happy pilgrimages to the baptismal font," perhaps because he believed with his official theologians that the more people born to die in "a state of grace" the bigger the heavenly choir to sing to the glory of God. But when he proclaimed that among "the most damaging aberrations of modern pagans is the opinion of those who define fecundity as a social evil," he clearly evaded the issue. For what is at stake is not procreation as such, but *inordinate* procreation. After all, St. Thomas' word for sin was precisely "inordinatio."

The "law of nature" is said to forbid any rational or responsible "interference" with a divine theodicy operating through blind biology and aimed at replenishing and multiplying humanity to swell the chorus of God's praise. Theodore Gill, in *The Christian Century* (September 10, 1958), says of this "arithmetical nonsense" that non-Catholic Christians must point out how "there are world affairs which could make less life here a greater glory to God than more life in heaven would be."

We shall have to cut loose from the disastrous numbers game so many Christians base upon a complacent hermeneutics for Gen. 1:28; we shall have to be rationally and responsibly "fruitful," replenishing but not stacking up people like sardines. The spiritual issue is one of ethics, not of mathematics, of qualitative decision rather than the quantitative fatalism seen in Pius XII's saying, "God will take care of all he gives life to."

The Population Explosion confronts us with a decision in social as well as personal morality. There is more at stake here than just the wisdom of fertility control for the nuclear family's sake. We are all very much in-

volved with each other in this world, as John Donne's "Sermon of the Bells" explained. Family decisions can be as subversive and selfish as purely individualistic decisions. Even if we can "afford" lots of children for private reasons, can our community afford them too? Birth control for *our* sake is plain enough to many loving and responsible parents, but what about birth control for *their* sakes—for the neighbor's sake? There is a social as well as a personal obligation to planned parenthood.

The problem of conscience here is not bound up necessarily with the disagreement over contraceptives. The call is to birth control by whatever means is chosen conscientiously. The question is whether we are to be swamped by an ethics of "nature" or grow rationally by an ethics of "nurture." Shall we live blindly by nature or responsibly by nurture?

J. F. F.

BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

Hospital City: John Starr; Crown Publishers, New York, 1957. 278 pp. $5.00.

While the author set out to tell the story of the men and women of Bellevue Hospital Center, New York City, because its roots go back to 1735 and its forerunner institution (a Colonial "Publick Workhouse,") he cannot tell this story without at the same time setting forth pages in the history of American medicine and public health. For the life of Bellevue, with its many "firsts," is synonymous with the nation's largest city's growing awareness of its public trust—the prevention and treatment of physical, mental, and social illness.

From its beginnings as one "upper room at the west end (of the public workhouse) . . . suitably furnished as an infirmary and for no other use whatsoever," through the "body-snatching" days of the middle Eighteenth Century, on through the robust leadership of Dr. David Hosack, by the time the Bellevue institution was a hundred years old it could no longer avoid being transformed from a disorderly catchall for paupers, psychotics, and criminals into one of the world's great medical teaching centers.

Vital and interesting as Starr's book was to this reviewer, there were several glaring limitations and omissions obvious to the reviewer from the vantage point of his personal acquaintance with the Bellevue story as a recent member of its staff. The first of these is symbolized by the inappropriateness of the book's title. This is not the story of a hospital city, though that story might well be told. Rather, it is basically a biographical survey, with only token exception, stopping at the end of the Nineteenth Century. The second limitation is that the heartbeat of this great institution as an institution is not caught by the author. Perhaps this is because he writes as a professional and not as one from the "inside." A good contrast to this inadequacy is found in Dr. Cutulo's recent book, *Bellevue Is My Home.* Cutulo, who for thirty years has been associated with this great medical center, provides the heart in his work that is missing in Starr's otherwise adequate historical and biographical work.

One further limitation and omission as purely illustrative might be mentioned. This is the part played in the development of Bellevue by the New York Protestant Episcopal City Mission Society specifically and by the entire religious program generally. Being in on the "heart," Cutulo finds it necessary to devote two entire chapters of his book to the chaplaincy work and pastoral teaching programs of Bellevue, whereas Starr is content to give token acknowledgment to the presence of chaplains in two brief and misleading paragraphs. And he does not even mention the important fact that the first full-time professionally trained staff person (preceding even doctors) at Bellevue was the Episcopal minister who functioned not only as chaplain but also as librarian, social worker, and, in general, friend of the friendless.

Chaplains, physicians, and others interested in what sacrifices and devotion are necessary to create a valuable medical center will benefit greatly from reading this book.

ARMEN D. JORJORIAN

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The Patient and the Mental Hospital: Edited by Milton Greenblatt, M.D., Daniel J. Levinson, Ph.D., and Richard H. Williams, Ph.D.; Free Press, Glencoe, Illinois, 1957. 658 pp. $6.00.

This volume represents a hard and searching look at the factors involved in helping the mental hospital patient get well. The sixty contributors originally submitted their findings, much of it in the nature of critical research studies, to the scrutiny of their colleagues for conference discussion. The material has now been assembled under four main categories: the hospital organization as a whole; the therapeutic personnel; the ward; and the extra-hospital world. The result is an excellent survey of the sociopsychological characteristics represented in the nation's "health problem number one," and a valuable body of data which should provide fruitful ground for considerable clarification about mental illness, the most confusing of all our mental health concerns.

This is a study book. It offers much to the serious student concerned about the complex social phenomena involved in mental illness, hospitalization, and therapeutic intervention. The data it reveals are by no means comfortable reading, but they are a "must" if ever the hard core of indifference to the needs of the mentally ill is to be pierced and if constructive remedial action is to be planned. As the studies reveal, this objective cannot be attained without the considerable expenditure of funds in intelligent investigation on both the research and methodological levels.

There are at least two most significant emphases throughout the volume which provide real hope for further exploration. The first is an almost consistent awareness that basic understanding can come about only as we see the phenomena involved from the point of view of that which takes place between people: the interpersonal theory of operations. Again, and as a consequence of the first, there are untold resources available for help in the very situation in which both patient and therapeutic personnel find themselves. This concept will, however, need much more clarification and exploration before it will become more readily usable as a workable theory in this difficult and anxious field.

The pastor will find Chapter 28, "Some Relationships between Cultural Attitudes toward Individuality and Care of the Mentally Ill: An Historical Study," by J. S. Bockoven, both provocative and fascinating. Here we have depicted graphically that the treatment of the mentally ill faithfully reflects prevailing cultural attitudes. In addition the chapter offers many stimulating insights into the therapeutic necessity and effectiveness of respecting the integrity and treating with dignity the person of the patient! It may come as a surprise to learn how much this attitude made the first half of the Nineteenth Century the great era it was for liberating the mentally ill. On the other hand, to many it will probably come as a profound shock to realize how much, even in our day, we have literally lost the understanding which made "moral treatment" both possible and a necessity.

In one aspect the volume was a keen disappointment to the reviewer. The only place, other than the reference by J. S. Bockoven to the fact that "the hospital chaplain worked in partnership with the physician in treating patients" (p. 522—which is an historical reference to early Nineteenth Century attitudes!), where the chaplain is mentioned in the entire book is in the Foreword's listing of the "representatives of other disciplines." Even though there is an interfaith Association of Mental Hospital Chaplains with 300 members; and the Council for Clinical Training, Inc., has a thirty-year history of offering clergymen and seminarians an opportunity for clinical training in mental hospitals, there is still little awareness of what the clinically trained clergyman can contribute to this sociopsychological problem. In this sense the volume represents a challenge as well as a reminder that we in the Church have a great way still to go, if we would make an intelligent contribution to this complex field.

ERNEST E. BRUDER

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Dynamics of Faith: Paul Tillich; Harper Brothers, New York, 1957. 127 pp. $2.75.

The publication of any new book by Tillich is an exciting event. In between the appearance of successive volumes of his *Systematic Theology* he is giving us the results of his efforts to re-interpret some of the great words of the Christian tradition and to remove some of the confusion surrounding them. Dr. Tillich has dealt already with power, love, justice, and courage. Now he comes to what may be the most important of all for, as he says, there is hardly a word in the language of religion which is subject to more misunderstanding and questionable definitions than the word "faith."

With his accustomed brilliance Tillich penetrates to the inner meaning of this word, considering in turn what faith is, what faith is not, symbols of faith, the truth of faith, and the life of faith. He draws upon his knowledge of philosophy, of the world's religions, of psychological analysis, and of the Biblical record, and thereby stimulates the reader's mind and opens out new vistas of meaning.

This reviewer's chief difficulty in the book—and it is a substantial one—is the author's exposition of the relation between faith and historical occurrence. This has been eased by a further explanation in the second volume of *Systematic Theology,* but the statement in this book is not fully satisfactory. In the main, however, this is a powerful treatment of faith and a clear description of its central importance in the life of religion.

F. W. DILLISTONE

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Emotional Illness: How Families Can Help: Karl R. Beutner, M.D. and Nathan G. Hale, Jr.; G. P. Putnam's Sons, New York, 1957. 158 pp. $2.75.

The authors feel that since a person's close relatives are usually the most important persons in his life, they continue to be the most important persons in his life— for good or for ill—during the crises of emotional illness, hospitalization, and convalescence. Yet these most important persons to the patient are usually ill-advised and untrained as how best to make their contribution to their relative's recovery.

Dr. Beutner (a man who was beloved by his patients when this reviewer knew him because he understood and accepted their feelings) and Mr. Hale begin by helping the relative of the patient with his own feelings. The reassurance the authors offer is acceptable and helpful because it points out a number of truths which should be obvious but usually aren't, such as the fact that a relative should not feel any more shame or guilt about mental illness in the family than he does about physical illness. The book anticipates the very questions that the troubled relative of a mental patient will ask. Questions about the cause of the illness, what should be done for the patient and how he should be "handled," are dealt with in simple terms. There is also a helpful outline of hospital procedure and treatment, including such things as electro-shock; the limitations of our state hospitals are also faced up to with refreshing (but not depressing) honesty.

A kind and intelligent word is said about the role of the family pastor, but the matter of religious therapy in the hospital is not discussed. Since the "idea man" of this team of authors is a psychiatrist, we would expect the book to speak from a medical man's point of view, and it does. Only once did this reviewer find himself taking exception to a statement, and that was that "ethical psychologists practice therapy only under the direct supervision of a psychiatrist."

Pastors of all faith groups should find this book extremely helpful in interpreting mental illness to their parishioners, and they should not hesitate about placing it in the hands of any layman.

MILES RENEAR

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My Inward Journey: Lorraine Picker; Westminster Press, Philadelphia, 1957. 187 pp. $3.00.

The author has written an autobiographical account of her therapeutic experience with regard to chronic asthma. It, of course, bears many similarities to Lucy Freeman's *Fight Against Fears*. Miss Freeman (in her introduction to *My Inward Journey*) says that this is a "much-needed book," with which this reviewer is in hearty agreement.

The author presents in the first chapters her story of the problems involved in being a chronic asthmatic. The hundreds of trips to doctors for all sorts of allergy tests, the precariousness of not knowing when the next attack will come, the intrusions of time and attention made upon those nearest to her—these are but a few of the problems she had to contend with.

While in Florida with her husband and two children she met an internist (or general practitioner) who had a real appreciation for psychosomatic medicine. Over a period of time he prepared her to see a psychiatrist. Once a month for three years she visited a psychotherapist, who brought her out from her asthmatic "shell" to an aggressive and often hostile woman. From the mother-dominated "good" girl she went to the other extreme and expressed all kinds of negative feelings toward her mother. In this situation she found "the last state of that man was worse than the first." She longed to do either of two things; to go back to being an asthmatic or forward to greater health.

She chose the latter and went into psychoanalysis. This continued for a few years as she came to know herself more fully. Not until she found new meanings and joys in life did she stop her analysis. From the throttling qualities of asthma through the abyss of meaninglessness, she finally arrived at a realistic acceptance of herself and her role in life.

The book is very readable and shows no indications of blatant exhibitionism. It has great value for the clergy—not to be put in the hands of asthmatics, but for pastoral referral of sick persons to competent doctors. The awareness of so-called psychosomatic sickness can be of real value to the pastor who cares about an individual's "wholeness."

The book admittedly does not point up the religious concerns of the author, of their relation to her illness, or of the role they played in her recovery of health. This would have been a most welcome inclusion in the story of her personality development. Despite this weakness, however, the book can be recommended.

A. P. L. PREST, JR.

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Christianity and Communication: F. W. Dillistone; Charles Scribner's Sons, New York, 1956. 156 pp. $3.00.

Effective communication has long been a problem for the Christian Church. But lately the secular world, which has so stupendously improved the available techniques, has also become aware how ineffectual its communication often is. Dr. Dillistone studies the problem specifically in Christian terms, with particular, though not exclusive, emphasis on the foreign mission field. Running like a golden thread through the book are the twin historic channels of communication: the eye and the ear; light and sound; the picture and the story; the word and the image.

Historically he finds that at times one medium or the other has seemed more congenial or effective but "it is through the living interaction of the two, and not through the exclusive sovereignty of the one that the essential Christian gospel can be continuously proclaimed. It is significant that God has seemed continually to work through and make use of existing media, not despising them, and presumably still does so today. In the very beginning the gospel solved with conspicuous success a major problem in communication in bringing what sprang out of Hebrew roots and tradition to a world dominated by Greek thought forms.

The essential Christian message is something both seen and heard; it is "the Image of God in Christ, and the Good News of what God has done in Christ." This is to be conveyed by a communicator who "holds together in some kind of creative relationship his own world view, which he has almost unconsciously imbibed from the world in which he has grown up, his brother's world view gained in the same way, and the Christian world view." All available techniques should be used, of which Dr. Dillistone considers television particularly promising, combining as it does the appeal to eye and ear, and the ability to make its presentations "live" which the movies cannot do. It may well supplant the printed word as the chief means. Dramatic forms such as religious plays, processions, and supremely the Christian sacraments are peculiarly suitable for representing the wholeness of the Christian truth.

The message of the gospel must be translated into a language and culture not the missionary's own. In a sense all are missionaries to a world increasingly permeated by scientific, political, and economic throught patterns.

This book is beautifully written, making the reviewer reluctant to substitute his words for the author's. Dr. Dillistone moves with the sure touch of one thoroughly at home in broad sweeps through theology, history, and cosmology, and yet he is equally so in the practical problems, difficulties, and dilemmas of a mundane world. If at times he seems a little hard put to it to keep a vital distinction between "the image and the word," yet the skillful tracing of these twin strains through the book is soundly supported. One finds oneself constantly grasping eagerly at some of his suggestive insights, reading rapidly to see to what they will lead, and then finding one has to retrace his steps to pick up important parts of the well-knit argument which have been too rapidly passed over.

G. GARDNER MONKS

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Persuasive Preaching: Ronald E. Sleeth; Harper Brothers, New York, 1956. 96 pp. $1.75.

The title of this little book suggests the twin foci around which it is organized. The findings of newly formulated theories of persuasion are applied specifically to the task of preaching, which is defined as "bringing God's Good News in Jesus Christ to a needful humanity." Merely to vocalize the gospel, no matter how theologically correct the words, without regard to whether in practice it is "brought to a needful humanity," is to fail in a high calling.

It is hardly surprising that the "newly formulated theories of persuasion" state truths that many with reasonable insight have intuitively felt, accepted, and in a rule-of-thumb fashion applied all along. But this book is not concerned with theory as such. It is a practical guide to effective preaching, and a good one. Since there are less than one hundred pages, it is probably inevitable that the reader should at times sense frustration in that the appetite which has been whetted is not satisfied. More of an outline than of a full development, it would serve as a fine framework on which to build an excellent seminary course in homiletics. The older preacher will find it chiefly valuable as a check list to help him in a self-evaluation of his own techniques. And after all, no matter how much outsiders can help, it is on self-examination that most clergy have chiefly to rely.

The approach is wholesomely common-sense. While seldom over-simplifying the complex practical difficulties inherent in preaching, there is little impression of trying to arrive at a careful balance springing from "a nicely calculated less or more." The preacher himself as a person, the color or lack of color of the words he uses, and his style of delivery are not simply the means to convey the message, but an integral part, for better for worse, of the message that is conveyed. Dr. Sleeth writes interestingly and readably. Following his own advice, he sprinkles illustrations generously, choosing widely those that bring a pleased little smile to the face of the reader. Such illustrations are less likely to be taken in stride, and as quickly forgotten.

G. GARDNER MONKS

Worship Ways for Camp: Clarice M. Bowman; Association Press, New York, 1955. 192 pp. $3.00.

While this book will not be of much value to a clergyman, there are probably some camp leaders who may find it useful. A clergyman in a camp tries to live as full and real a Christian life as he can. In his talks at services, he seeks to relate the great riches of the Christian tradition, as he has received them, to the life of the camp. He will inevitably use the methods of communicating and worshipping which for him have the greatest reality. He will endeavor to relate to campers on the religious level as he tries to do so to his parishioners. A camp is a great opportunity that each clergyman will grasp in his own way.

There are some camp leaders, however, who prefer to have the more obvious values of group life and closeness to nature pointed out. They also may desire a collection of aids to worship of the sort provided by this book. These aids are designed for formal services as well as for opportune moments that arise in the normal course of camp life. The essays on worship and leading "little people" (as well as other age groups) might be helpful to someone getting ready for his first camping experience. Quotations from a few parts of the collection of aids give an idea of the book's depth. For instance, the first of the "Ten Commandments for Sportsmanship" is "Thou shalt finish the game thou beginnest." "Beatitudes for campers" begins this way, "Happy are they that have deep insight: they shall rejoice in undiscovered ways of God." For the person who finds these quotations appealing the book may have value.

CRAIG E. EDER

Better Leaders for Your Church: Weldon Crossland; Abingdon Press, New York, 1955. 128 pp. $2.00.

In these days of do-it-yourself in every area of one's interest, it is encouraging to find so practical a guide for ministers in this all-important business of developing assistants among the laity who will give kingdom building the boost it needs. The author, no arm-chair administrator, is thoroughly familiar with the "squeaking points" on this carriage of church effectiveness.

The style used in this work is one which finds ready application to the busy minister's task today. At the beginning of each chapter there are a half dozen or more "Basic Principles" which give the gist of the material covered in the pages that follow. When a specific problem arises, the minister can turn to this handbook, select the chapter which addresses itself to his problem, and then glance at these preliminary sentences to see how the author has arranged his material. Valuable time is thus saved which can be applied to working out the sort of answer needed locally.

In reading this guide one would surmise that the writer had had some business experience prior to his entering the ministry because many sound business techniques are included in the manuscript. There are also many helpful suggestions included which ought to make the "wheels" move with excellent results. How to find leaders, how to train them, and how to keep

them happily going at their work—if these are felt needs, then here is "just what the doctor ordered."

LAWRENCE K. WHITFIELD

■

The Effective City Church: Murray H. Leiffer; Abingdon Press, New York, 1955. 232 pp. $3.50.

Sociologically speaking this is one of the better books dealing with the church in an urban and suburban society. The author fully evaluates the effect of urban "anonymity" upon human personality, as well as presents the ecological and demographic data that are necessary for sound planning and programming for the effective witness of the church. One of the most valuable aspects of the book, for working parish parsons and denominational executives, is the appendix devoted to research methods involving census, survey, age pyramids, and other devices of the "how to know your parish and people" category.

Basically, it is an excellent book of sociology and, as such, has very little challenge to it. Undoubtedly, within the scope of this work, there was little room for a discussion of the "why" of the Church in our urban-suburban culture, but this reviewer was left with the feeling, "so what if we do use all of the devices and techniques and just build another institution that is as sterile and unimaginative as the rest of urban-suburban culture?" Within the limits of sociology framework, Mr. Leiffer has done an outstanding and valuable job; what is not communicated effectively is why such a job is worth doing in the first place—i.e., a theology of the mission of the Church in city life.

WILLIAM B. SPOFFORD, JR.

■

Helping Yourself with Psychiatry: Frank S. Caprio, M.D.; Prentice-Hall, Englewood Cliffs, New Jersey, 1957. 251 pp. $4.95.

The premise of the author is that an individual can become a "completely new person" through "self-knowledge, self-discipline and a determination to acquire a new set of thinking habits." He is confident that most people can accomplish this through reading such books as he has presented here. However, he does state that there are also those who should seek psychiatric help in their search for self-understanding.

After presenting this as the purpose of the book, Dr. Caprio proceeds in the following chapters to discuss some of the factors involved in the making of a personality. At the end of each chapter, he offers some very helpful suggestions in the way of mental practices, to overcome one's destructive forces within. One has the impression from reading the book that this is a rather simple procedure. While this reviewer doubts very much that Dr. Caprio believes this to be so, yet this is the impression his book leaves. For example, the author states that everyone has a mental switch that can be turned on and off to determine what the person will think. To quote: "He snaps his mental switch, cuts off the negative train of thought, and goes on to healthier thinking." He does say, however, that this can be done only after the negative thought has been squarely faced and evaluated for what it is. People who

are filled with fear don't want to be this way. A guilt-ridden individual is not happy with his feelings. This reviewer believes that it is much more difficult to overcome these kinds of feelings than simply snapping "the mental switch."

A clergyman or any other counselor should be very selective in offering this book for general reading. Such chapters as those on neurotics, psychosomatic illnesses, and mental breakdowns could easily create more problems for some people, rather than being of help to them. More helpful are the chapters dealing with marriage, sex, and alcohol. This material could be used to great advantage by the pastoral counselor.

JOHN I. SMITH

■

Light the Dark Streets: C. Kilmer Myers; Seabury Press, Greenwich, Connecticut, 1957. 156 pp. $4.00.

The author, who is vicar of (Trinity Church's) St. Augustine's Chapel on the east side of New York, gives a dramatic and vivid picture of a concerned, worshipping community working with street-corner gangs. His method is to mix personality studies of the Negro members of the "Knights," an aggressive, "acting-out" gang which used the Chapel as its headquarters, together with some profound thoughts on the inadequacy of contemporary church methods, seminary education, the strengths and weaknesses of youth-serving agencies and professions, and the intimate ties and joint concerns of psychiatry and theology. Tying these elements together is a series of "stream-of-consciousness" meditations, *a la* John Dos Passos' early great novels, which give a feel of tremendous integrity, warmth, humility, and concern to the book.

There is no doubt that the work here presented is important, exciting, dramatic, and vital and, as such, is well worth reading by any who are seriously interested in relating the Christian Gospel to the needs of men, particularly those who are socially and emotionally blighted.

In a sense, however, the work strikes this reviewer as an extended "preface" to another book that should be written, which would deal with the provocative thoughts on seminary education, relations of the clergy with community agencies and workers, and the rest, which Father Myers introduces with obvious feeling and emotional committment but which he has not had the space to elaborate. Such a book might well be a good Christian companion to August Aichorn's psychiatric classic on delinquency, *Our Wayward Youth.*

WILLIAM B. SPOFFORD, JR.

■

The Criminal, the Judge, and the Public: Franz Alexander, M.D., and Hugo Staub (translated from the German by Gregory Zilboorg, M. D.); Free Press, Glencoe, Illinois, 1956. 239 pp. $4.00.

The first edition of this work over a quarter-century ago was a milestone in the study of crime in the light of psychoanalytic theory. This new edition adds case histories and a sharply pointed discussion of the criminal's moral responsibility for his acts. A preface puts the book in the context of more recent research. But the authors draw too sharp a line between criminal and non-criminal behavior, and pay too little attention to the later insights of ego psychology. (A valuable contrast is to be found in a book published about

the same time [1925, in Vienna]—August Aichorn's *Wayward Youth,* in which psychoanalysis is used intuitively, along with other approaches.)

What relevance does *The Criminal, the Judge, and the Public*—in the specialized field of criminology—have for the clergyman?

Any clergyman who reads this book will gain new knowledge, based on insight, in the field of crime prevention and criminology, an appreciation of the need for drastic penal reform and for the substitution of rehabilitative for punitive methods. He may then perhaps be better able to give informed and enlightened leadership in this work. His compassion will be founded not on sentimentality but on understanding. The authors' treatment of the psychology and ethics of punishment, of guilt and the subconscious need for punishment, of psychic determinism and responsibility, of the critical stage of contemporary justice, are highly pertinent to the concern of the pastor. By bringing their tremendous insights to a focus upon a specific problem—criminal behavior—Alexander and Staub lead one to a deeper understanding of the unconscious factors in motivation and, incidentally, to a fuller understanding of oneself.

RICHARD V. MCCANN

•

The Hangover: Benjamin Karpman, M.D.; Charles C. Thomas, Springfield, Illinois, 1957. 531 pp. $9.50.

This typographically pleasing volume is a psychoanalytically oriented discussion of the meanings of the symptoms of the alcoholic hangover based on fragments of histories of seven alcoholic men and seven alcoholic women. The case material is very incomplete, no consideration whatever is given to physiological factors such as nutritional status, water and electrolyte balance, metabolic disturbances, and, surprisingly, there is absolutely no discussion of treatment, not even psychological treatment. This reviewer cannot recommend the book to the clergy or other religious workers.

ROBERT FLEMING, M.D.

•

Let Not Your Heart Be Troubled: J. Robert Watt; Abingdon Press, New York, 1957. 119 pp. $2.00.

Man is mortal and death is never far from him. This is a fact to be faced, but never a reason for despair. Our Christian faith places death in its proper perspective and enables us to meet bereavement victoriously. Death is part of man's total relationship to God, and men of faith see in it the fulfillment of life. This understanding helps man to face death unafraid. It also enables the bereaved to accept the separation which death brings. Furthermore the bereaved can cope with their grief more hopefully when they feel that they too are sustained by the living Presence which comforts and keeps.

Reading this book is a devotional experience. It is designed to be of help to the bereaved, and it certainly is that. It also speaks of man's relationship to God in terms that are meaningful at any time. Mr. Watt reveals a deep faith. This book is obviously the fruit of life lived in deep communion with the living Christ. It also shows that the author steeped himself in the literature of faith as well as having thought much about men's need for that faith.

The author also has the gift of conveying his ideas and his faith to his readers. These twenty-eight brief meditations are vivid, moving, and concise. Brief but eloquent illustrations assist him to create a mood or to present an idea in a way that carries the reader with him. This small volume is one which the pastor can well use for his personal devotions and as a source book of ideas and illustrations for his own meditations. It is also one which he can hand to his parishioners in their time of sorrow, to help them to face their loss.

The limitation of this book is the limitation of all inspirational literature. Taken alone, it would seem to deny the reality of physical loss. There could well be a negative reaction if, as it well could, this book said to the bereaved, "You are wrong to have the sense of feeling of loss and loneliness that you are expressing. If you had this kind of faith, you wouldn't sense the pain you do." Used, however, as one part of a total pastoral approach, this book can serve as a real comfort to those who are left behind when loved ones enter another mansion in our Father's house.

WILLIAM F. ROGERS

•

Fun Comes First for the Blind Slow-Learners: Mildred Blake Huffman; Charles C. Thomas, Springfield, Illinois, 1957. 176 pp. $5.00.

A book dealing with such a new and primarily experimental field as the education of multiple-handicapped children cannot easily enumerate references but must be based upon the actual experiences of the author or those whom she observes. Miss Huffman has given a direct and frank portrayal of her four-year experience with a group of these multiple-handicapped children, attempting to assess objectively those techniques which have been most valuable in the social and academic growth of her students.

The area with which the author deals is one of many which educators are beginning to accept as their responsibility. With the present trend in public schools throughout the country to find a place for the singly-handicapped child, the residential and special day schools are more and more opening their doors to the previously neglected child with multiple handicaps.

Although this book deals with a highly specialized area of education, it has many useful and concrete suggestions which can be adapted for use by all persons working with children. An appendix which gives annotated copies of classroom tape recordings provides the reader with a further knowledge of the reactions of children to a wide variety of experiences.

Miss Huffman has given a clear and direct presentation of the application of basic educational principles to a group of mentally retarded blind children in the California School for the Blind and has unwittingly shown her own courage in tramping out a new educational wilderness.

NAOMI FARRELL

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Parapsychology—Frontier Science of the Mind: J. B. Rhine and J. G. Pratt; Charles C. Thomas, Springfield, Illinois, 1957. 220 pp. $4.75.

Within the limits of a single volume, the reader is provided with an ex-

tensive summary of present knowledge of the most recent of sciences—parapsychology. The reading public to which the authors have directed this book is composed of professional personnel from such fields as medicine, psychology, the social sciences, and their related practices.

The research reported is concerned with "psychic" events. Parapsychical phenomena are conceived as those occurrences that have been shown by experimental investigation to be unexplainable solely in terms of physical principles. The basic assumption that supports this research is that nature extends beyond the realm of purely physical law. The two major subdivisions of parapsychical investigation are: (1) extrasensory perception (telepathy, clairvoyance, and precognition) and (2) psychokinesis (a personal influence producing a physical effect).

The authors, both notable for their pioneering research at Duke University, report the established facts and the methods that have been used to arrive at them. Included also is a discussion of the implications of these findings for such diverse fields as education, religion, and philosophy, to mention but a few.

SOPHIE T. CAMBRIA

•

Theories of Personality: Calvin S. Hall and Gardiner Lindzey; John Wiley and Sons, New York, 1957. 572 pp. $7.50.

There has been a serious lack of an adequate survey of the many theories of personality. This study by Professors Hall and Lindzey provides such a book. It is an excellent review of the theories of personality, and it should be received with great interest and appreciation.

The theories presented are those of the major investigators in the field of personality, from the psychoanalysts and field theorists to the personologists and S-R theorists. The methodology which the authors employ is first to give the reader an orientation to the theorist, i.e., his biography and the influences upon his theory. Then, in sequence, they set forth the author's views on the dynamics and development of personality, the representative investigations and empirical techniques, and conclude with the current status and evaluation of the theory. The presentations are clear and written in a stimulating but objective manner. The introductory and concluding chapters provide a frame of orientation by which the theories may be studied and compared as to their various emphases. In fact (on page 548) each of the seventeen theories are compared in a rough-dimensional graph, to show how they treated a number of variables, such as purpose, unconscious determinants, reward, etc.

The authors judge a theory by two criteria: First, theoretical: does it provide a cluster of relevant assumptions which are systematically related to each other and a set of empirical definitions? Second, practical: does the theory have a power to generate research? They find that psychoanalysis, Lewinian field theory, and the new behaviorism of Dollard and Miller meet these tests most adequately.

It would, however, appear too early to work out a synthesis of these theories. The authors advise the student to commit himself to one theory

as he does to one girl. Then, after the honeymoon, he may begin to question the logical consistency and empirical validity of the theory. This is the first time this reviewer has encountered such an attitude in a psychologist. The authors recognize the need for a "faith" quality in investigation, necessitating commitment to a point of view and a philosophy of "as if." The neutral, non-committed scientist will not get far, they say.

This book is extremely relevant to the pastor, as he works through his concept of the nature of man. A few words of caution are in order, however, about reading the book. It is meant for serious study, and over a period of time—preferably a school semester. A workable plan might be to read a chapter a week, and to supplement the reading with two or three of the primary sources. If one kept a notebook along with the reading, he might raise relevant questions about the implications for Christian theology of various points of view. At the conclusion, he would then have a significant piece of writing and thinking for himself. It would be hoped that some theorist along the way would appeal to the reader and that he would become a committed student of one psychologist. That kind of study will make the book worth many times what the pastor invests in it.

CHARLES W. STEWART

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Psychology Applied to Life and Work: Harry W. Hepner; Prentice-Hall, Englewood Cliffs, New Jersey, 1956. 724 pp. $6.95.

The author of this book has taught psychology at Syracuse University since 1921, at various times served as a consultant for industry and as a project worker on consumer reaction for the much publicized firm of Batten, Barton, Durstein & Osborn, Inc., of Madison Avenue. *Psychology Applied to Life and Work* reflects that background. First published in 1941, this book is now in a revised edition, having survived 16 years and 23 printings, a success story in itself of psychology applied. In reading this book, one may understand why. Rambling and loosely organized though it may be, the material covered is sufficiently interesting and provocative, and the style of the author so intimate and filled with interesting anecdote and advice, that the reader is charmed with the possibility of being entertained as well as educated.

This book is written for the non-professional reader, and more especially for the business student who is going to take only one course in psychology and wants to pick up some practical ideas to use on the job. It will appeal to those who seek strength through "better adjustment" and to those who wish to be a better employee, a better boss, a better husband or father, wife or mother, and presumably, if one learns one's lessons well, an effective leader of men. This is the textbook for the course which would promise psychological keys to unlock the storehouse of one's talents.

The first half of this book deals, in general, with principles of adjustment, personal problems, suggestions for developing personality, choosing a vocation, getting and holding a job, adjustment in marriage, and advice in handling children. The rest of the book deals with employee relations, marketing and motivational research, advertising and principles of selling and merchandis-

ing. As an added attraction the author presents three tests in the Appendix for the reader's information, amusement, and self-assessment: "Social Knowledge Test," "Personality-Maturity Test," and "Executive Reaction Pattern Test."

For the clergyman who has had no clinical or psychological training, the first half of this book will be interesting and informative. It will present him with some principles of adjustment and mental health and also give him some notions of therapy and counseling which will be helpful. But the author does little more than touch on these topics, and his book can be recommended only for those who are willing to settle for a conversational knowledge of principles and will avoid getting involved with the case in the flesh. The author is not a clinician himself, being mainly a teacher and a consumer-opinion analyst, but he has made an interesting attempt to apply clinical ideas or concepts of personality adjustment to his world of applied psychology: to business, to the consumer, and to the aspiring student.

Therefore, for one who is clinically unsophisticated, this book may prove useful in opening new areas for reading and study. But it is certainly not the book to have around for one who seeks pat answers or easy solutions to complex problems in human adjustment and who will expect this book to be a source book of authority. The clergyman who may be faced with difficult counseling problems will not find here the necessary skills to deal with such, even though the book does orient the reader to various problems in applied psychology, present interesting questions at the end of each chapter, and provide a bibliography for further study and reference.

RALPH O. VAN WATERS

•

Planning and Training for Effective Leadership: Report on two seminars conducted jointly by the Society for the Advancement of Management, Cincinnati Chapter, and the Foundation for Research on Human Behavior at Cincinnati, Ohio, February 24-25, 1955, 1956. 27 pp. $2.00.

This two-color, plastic-bound manual is a brief report on a seminar for industrial leaders in the Cincinnati area in February, 1955. The seminar was followed by a one-evening follow-up meeting a month later, and a second follow-up evening meeting two months later. The entire program was sponsored jointly by the Foundation for Research on Human Behavior and the Cincinnati Chapter of the Society for the Advancement of Management.

It is recognized that the result of applying general leadership principles to a specific situation is relatively unpredictable unless there is a force field analysis to try to assess "the motivational influences which are operating on an individual, in order to gain some clues as to the ways in which leadership actions may change the balance of these influences with positive results." The leader's task is then to discover how he can either strengthen positive forces or weaken negative forces, or both.

Any suggestions as to needed changes in attitudes are usually seen as threats to the psychological self and therefore actively resisted. "The problem, then, in leadership training is often one of restructuring the personality by

breaking down the barriers to change, introducing new ideas, values and assumptions into the trainee's personality, and thus altering the motivations that guide his activity as a leader."

It is the opinion of this reviewer that, while the manual contains valuable insights for the leadership training specialist, it would be somewhat difficult for the average clergyman to transfer these learnings to a parish which is primarily a voluntary organization rather than a factory with the motivation of the paycheck! On the other hand, those who plan conferences and church gatherings might learn much from the design of this two-day seminar plus the two follow-up meetings at one-month intervals. It is apparent that a meeting similarly designed, and similarly staffed with human relations specialists, is pregnant with potential for both depth learning and permanent organizational change.

W. RANDOLPH THORNTON

■

Essentials of Social Group Work Skill: Helen U. Phillips; Association Press, New York, 1957. 180 pp. $3.50.

Group work has been part of the stock in trade of pastors from the beginning of the New Testament Church. While Dr. Phillips does not speak directly to the church situation, nevertheless readers of this *Journal,* by interpolating from "group" to "fellowship" or "board," will find helpful insights on every page.

The author's distinctive contribution appears in her delineation of group work "skill." Drawing her analysis from the knowledge and experience of her active professional life, she defines skill as "the capacity to combine knowing, feeling, into an act accomplishing a purpose." She then describes and evaluates this "skill" in four areas within each of which the process of group dynamics operates. Also the fulfilling of its purpose through each of these channels provides the group and the group worker with criteria for "skill."

Group work skill, therefore, involves "a conscious, disciplined use of one's self and one's abilities which can be acquired reliably only through the disciplined experience of professional training for social group work." Dr. Phillips reiterates the fact that responsibility for this disciplined "skill" rests with both the agency and the group worker. Skill lies in the degree of process which encourages group members to increase their accountability for attitudes, actions, and achievement of goals.

Pastoral counselors, concerned with the need for continually clarifying the uniqueness of their role in helping people become more responsible in their interpersonal relations, will find this work illuminating.

General readers will find their definition of group work clarified: the educational process in which individuals use their capacities and gain in self-value and social responsibility through their participation in voluntary associations.

Specialists—social workers, psychologists, and others—who are committed to the functional or non-directive approach will see the possibilities of social group work being enhanced by the professional skills suggested as being filtered through case work methods. Professional group workers are likely to view this book as another step in the invasion of their specialty by the "diagnostic" approach, as is illustrated in the dearth of treatment of either program experience or the group-as-a-whole by Dr. Phillips.

Church workers will be reminded that settlement work—where group work was conceived and cradled—was a product of Christian social service. However, in this book he will find no analysis of sin—either individual or social—as applied to blocks in the creative process of leadership and group interaction, nor are there any deeper theological counterparts of Dr. Phillips' goals and process. The Christian needs to push the four areas where "skill" operates, from: (1) using situational limits to facing the hard facts of natural creation; (2) communicating on a feeling level to hearkening to the revelation of God; (3) meeting the reality of the present to living in the eternal now; and (4) developing the relations between members to responsible interaction of persons within the Christian *koinonia.*

BEN THOMSON COWLES

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The Freedom to Become Yourself: Roy A. Burkhart; Prentice-Hall, Englewood Cliffs, New Jersey, 1956. 264 pp. $4.95.

The author follows the trend of contemporary churchmen in presenting a treatment that is didactic, inspirational, and exhortatory. He believes that the secret of acquiring the "Freedom to Become Yourself" is found in a consistent application of the teachings of Jesus. His interpretation of Jesus indicates a precision and breadth that usually grows out of a person-minded ministry. Points of emphasis are used that mark a bold departure from beaten paths. His book has unquestioned merit, and it will be read with profit by many clergymen and others.

It is to be regretted, however, that Dr. Burkhart failed to include some of the deeper clinical findings which can be effective in acquiring the freedom to discover ourselves. He employs an intellectual approach in dealing with the emotional entanglements of sick individuals. It is doubtful that a rigid adherence to rules will effect lasting changes in the areas that are concerned with the emotions of men. It is difficult, therefore, for this reviewer to escape the conclusion that Dr. Burkhart's program for gaining freedom calls for the exercise of the will in individuals whose shattered emotions have blocked the power to act. It is unfortunate that a book bringing into focus so much that is vital in guiding personality growth fails to incorporate some of the obvious discoveries of specialists. The unquestioned values of religion united with the contributions of specialists can become a powerful synthesis that will mark new roadways for sick souls.

WALTER P. BELL

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CURRENT PERIODICAL LITERATURE

EDITED BY THE REV. JOSEPH FLETCHER

"An Appraisal of Existential Analysis," by Eugen Kahn, M.D., in *The Psychiatric Quarterly,* 31: 2, 3: April, July, 1957, pp. 203-227, 417-444.

Daseinsanalyse comes from the Existentialism of Kierkegaard, who first wrote strictly about individual existence and the elemental existential experience of dread in the face of Nothing. The Jaspers brought philosophy and psychopathology together by means of phenomenology in his book *General Psychopathology,* 1913, while he was still on the staff of the Psychiatric Clinic in Heidelberg, before he left psychiatry for philosophy. He and Husserl were forced out for a time by the Nazis, but Martin Heidegger continued the development of the idea of *Sein* and *Dasein* (being and individual human being). He denied being an "existentialist" and called himself a fundamental ontologist, but his conception of human being as spiritual has influenced Ludwig Binswanger (*Daseinsanalytik und Psychiatrie,* 1951). Yet Binswanger adds to the constituent of Care in Heidegger's ontology the elemental reality also of Love; he sees the I-myself of human existence against a primary field of we-ourselves. As with him so with others such as Boss and Kuhn, psychotherapy and existential philosophy are united by intuitive rather than logical means. These existential therapists explain themselves with full cases as well as critical analysis. [See Binswanger's case, Ellen West, as given in *Existence,* 1958, edited by May, Angel, and Ellenberger.] Medard Boss evidently backs Freud's psychoanalytic technique with Heidegger's ontology, as shown in his *Psychosomatic Medicine,* 1954. Whereas Heidegger has followed the gloominess of Kierkegaard, focusing on dread and care, these existential analysts have found also an ontological love and togetherness. In the work of Boss there is even optimism and gaiety. They are pioneers.

JOSEPH FLETCHER

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"Research Notes," in *Family Life,* edited by Paul Popenoe, 18: 10 - 19: 9, Oct. 1957 - Sept. 1958.

Suicide is the fifth most frequent cause of death among U. S. adolescents, in most European countries it is even higher . . . Since World War II the average income of American males has doubled, of women the average is only a 27-per-cent increase . . . Three and a half million U. S. workers are now employed at more than one job (100,000 have three!) . . . America has the highest proportion of working wives among the Western countries . . . One baby in 1000 is born with ambiguous or undifferentiated genitalia, and assignment of sex role should be made early and adhered to, since any change after two-and-a-half years leads to psychosexual problems . . . Officials of the Census Bureau anticipate a "marriage boom" in the U. S. a decade or so from now: present rate is one and a half million marriages a year due to low birth rate of the 1930's, but it will go to two million a year when the

babies of the post-war years reach marriageable age, with a slight further decrease in age of the first marriage . . . A study of *Who's Who* shows that among its listees non-Catholic clergymen have the most children, physicians next . . . There is a big "boom" in birth control clinics in such countries as China, Egypt, Czechoslovakia and Hungary: by now one billion people live in lands where the government actively promotes birth control . . . Between 1940 and mid-1956 the aged in America increased by 60 per cent, doubling and tripling in retirement areas such as California, Florida, and Arizona.

JOSEPH FLETCHER

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"A Contribution to the Psychosomatics of the Conscience," by S. Bild, M.D., in *Wege zum Menschen,* 9: 7, July, 1957, pp. 228-230.

The relation between physical and psychic phenomena is one of the bases of modern medicine and of the discussion between physician and pastor. Thus conscience is at the center of attention. Inquiry can best begin with the child who feels conscience-functions more intensely than adults. He experiences even a strong pressure in the stomach region. Children sometimes mention a sensation of crawling skin on the belly. This seems due to the excitement of the *nervus sympatheticus.* On the other hand, in the case of adults, there is often after confession an opposite feeling of warmth and relaxation inside the stomach. A German proverb is: "A good conscience is a soft pillow." This feeling seems to be in the *nervus vagus* or *parasympathicus.* We have a pedagogical problem here: tense children lean toward sudden confessions with a flood of tears and promises of reform, while lethargic children bring on explosions of parental wrath. It should be remarked that such explosions usually bring about relaxation in the child (and often the parents too). Peculiar or strong irritations change tension to relaxation. For children there is no conscience without the parents' commands and prohibitions, only tediousness; no irritation of the nervous system. So it happens that many children seek these irritations by heightening tensions (e.g., by rudeness), or by accumulating explosive irritation by being "indifferent." The substance of Romans 7 might be re-examined from this medico-psychological point of view.

KLAUS REBLIN

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"Divorced Ministers," in *Pastoral Psychology,* 9: 87, October 1958, pp. 18-24.

Letters were invited on experience as divorced ministers. The results are not statistically adequate but clinically the following seem to be findings. Seven respondents are reported: Divorce is more risky for ministers than for others, losing them needed status. They all delayed getting divorces, once they had decided to do so, for fear of the consequences. They all went through a "cooling off period" for whatever it was worth. There has been no common policy about revealing or discussing their divorces with others. When it was discovered, the reaction among people was diverse, positive and negative. Their responses indicate a feeling that divorce is a last resort. Hiltner's conclusions are: Ministers run more risk than others, tend to delay the divorce action longer, their best policy seems to be to say as little about it as possible. They encounter unusual acceptance, or rejection, and counsel great caution

about solving their marital difficulties by divorce. But the results of this inquiry are not very enlightening or important.

JOSEPH FLETCHER

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"Psychosomatic Disorders in Psychotic Patients," in *The Psychiatric Bulletin,* 8: 1, Winter, 1957-1958, pp. 18-19.

Psychosomatic illnesses occur less frequently in psychotics, e.g., headaches, hypertension, allergies, mucous colitis, asthma. Patients with severe psychosomatic disorders show incipient psychosis often; Funkenstein found that recovery from schizophrenia was rare unless psychosomatic illness developed. Some hold that both physiologic and psychologic changes are reactions to stress. A psychosomatic disorder may be a defense against a psychotic break; under sufficient stress the ego disintegrates and the body is not adequate to express the unconscious conflict. But in a few patients there is a combination rather than alternation of psychosomatic and psychotic disorder. Yet Sabbath and Luce have found that the incidence of asthma declines as the patient breaks with reality at deeper levels. However, the distortion and obscurities of symptom experience in psychotic patients can easily lead to a wrong diagnosis of their ills, especially when they mask their physical discomforts.

JOSEPH FLETCHER

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"A Consideration of the Etiology of Prejudice," by Brian Bird, M.D., in *Journal of the American Psychoanalytic Association,* 5: 3, July 1957, 490-513.

During analysis a patient undergoes an "attack" of racial prejudice lasting two weeks. There is little psychoanalytic material on prejudice, mostly dealing only with anti-Semitism. Sterba (*Psychoanalysis and the Social Sciences,* 1: 411-427) remarks that lynchings of Negroes are always of males, recreating killing of the primal father by the group of sons. Anti-Semites and other prejudicial personalities show both a strong underlying aggression and a strong attempt to control it. However, even though prejudice is unwarranted hostility almost paranoiac or phobic, it also serves as an ego function to keep aggression from being acted out.

The patient was a secular Jew who suddenly developed hatred for Negro men. They made advances, she thought. They seemed to her inferior and dangerously unselfcontrolled. The analyst interpreted her prejudice as a displacement; she was really unable to resolve her transference feelings for the analyst. However correct, this explanation in dynamic terms resulted quickly in the disappearance of the prejudice. The author finds the explanation for her prejudice in her own lack of ego security and achievement. It is an ego defense against many psychic dangers, most of which are present in the cultural situation.

JOSEPH FLETCHER

NOTES AND COMMENTS

The Seventeenth Annual Session of the Yale University Summer School of Alcohol Studies will be held June 28 through July 23, 1959. Lectures, seminars, and workshops will be included in this interdisciplinary study of problems of alcohol and alcoholism in society. Enrollment is limited to 275 students. Further information may be obtained from the Registrar, Yale Summer School of Alcohol Studies, 52 Hillhouse Avenue, Yale Station, New Haven, Connecticut.

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The Advisory Committee on Clinical Pastoral Education announces that there are still available copies of *Clinical Education for the Pastoral Ministry,* the Proceedings of the Fifth National Conference on Clinical Pastoral Education, held in Atlantic City in 1956. These copies may be ordered at $2.00 each from any one of the following: The Rev. Ernest E. Bruder, Protestant Chaplains Office, Saint Elizabeths Hospital, Washington 20, D. C.; The Rev. Carl R. Plack, 2633 16th Street, N.W., Washington 9, D. C.; The Rev. John M. Billinsky, 210 Herrick Road, Newton Centre 59, Massachusetts.

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A course on "The Pastoral Care of the Mentally Ill" for Washington clergymen began on September 29, meeting each Monday for twelve successive weeks. Sponsored by the Council of Churches of the National Capital Area, Department of Christian Education, and taught at Saint Elizabeths Hospital, the course is designed to help the busy community clergyman develop a more effective pastoral ministry, both to his parishioner who is ill and to the members of the patient's family. This is the tenth such course given at the Hospital through the Council of Churches.

Articles scheduled for the Spring 1959 issue of the Journal, Vol. XIII, No. 1:

UNDERSTANDING "TROUBLESOME" BEHAVIOR IN CHILDREN, by the Rev. John Hall Snow

RELIGIOUS AND SPIRITUAL VALUES IN SOCIAL CASEWORK PRACTICE, by Miss Sue Spencer

THE PASTOR AND THE CRISIS OF INVOLUTION, by Chaplain Thomas W. Klink

THE CHAPLAIN AND THE SOCIOPATH, by Chaplain E. Frederick Proelss

WHY HAST THOU FORSAKEN ME?, by Clemens E. Benda, M.D.

A MEDITATION, by Chaplain Ernest E. Bruder